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ABSTRACT

The collection of 41 papers from a conference on individualized education programs (IEPs) for handicapped students addresses four main topics (sample titles and authors in parentheses): communication and group process ("Establishing and Maintaining the IEP Team" by W. Morgan and N. Bray; "Child and Parent Involvement in Educational Planning" by M. Byrnes; "IEP: Impatient Expectations of Parents" by E. Helsel); inservice and preservice preparation ("IEP Training In A Large Urban School System" by B. Lates; "IMPACT: Increasing Individualized Programs Through the Use of Learning Centers" by L. Olson, D. Friedburg, and P. Paarlberg); target populations ("Affective Aspects of Individualized Educational Programs" by N. Dil; "Special Considerations In Evaluating The Severely/Profoundly Handicapped" K. Turner and E. Scmertcr-Fair; "IEPs for Mainstreamed Secondary Students with Learning Disabilities" by R. Silverman, N. Zigmond, and T. Laurie); and administration practices, patterns, and promises ("The State Education Agency as a Communication Link" by T. Pledgie; "Implementing IEP Requirements in California, Massachusetts, and Montana" by J. Marver and J. David; and "The 24-Hour IEP: The IEP in a Residential School" by J. Wilhelm. (CL)

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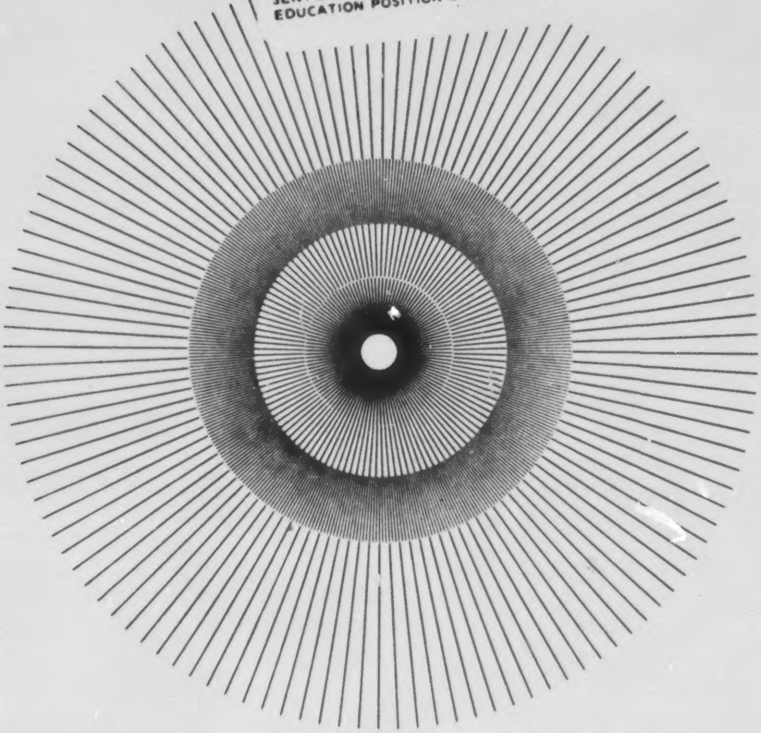

PERISCOPE: views of the individualized education program

Edited by Bluma B. Weiner

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PREFACE

The papers in this volume were abstracted from an original pool of 115 scheduled conference sessions. They are concerned with matters ranging from social and philosophical perspectives to local school district and building practices. They are representative of the pervading themes of the Topical Conference on Individualized Education Program Planning: professional preparation, the participatory processes, working with parents, accommodation for particular needs populations and environments, and manageable administration.

Editorial expediency determined the choice of these papers. Many valuable panel and workshop presentations could not be readily adapted to this format, and materials which were otherwise available, such as government reports and commercially published systems, were not considered for inclusion.

The guidelines for final selection were the criteria of substantive content, compact style, and promise of usefulness to other teachers, clinicians, parents, and administrators.

We call this collection "Periscope" to symbolize a viewing of many sides.

Bluma B. Weiner
Yeshiva University
April 1978

PROLOGUE

The Individualized Education Program: Human Rights and Educational Practice

EDWIN W. MARTIN

Editor's note: This is the keynote address given at the CEC Topical Conference on Individualized Education Program Planning in Albuquerque, New Mexico, February 1978.

I had a chance recently to listen to Kenneth Clark, whom I believe is one of the significant men of our time, as he expressed optimism about America's willingness to provide equality to its minority groups. For those of you who do not immediately recognize his name, let me say that Kenneth Clark is the social psychologist who, in the 1950's, presented to the Supreme Court the social theory on which the *Brown v. the Board of Education* decision was based.

Keystone for a Democracy

It was interesting that at that time I understand Dr. Clark was looked on by the attorneys trying the case as somewhat of an intruder, a social scientist in a legal domain. They were not sure how the Supreme Court would take to the social theories he presented, which were primarily based on observations in the United States and the Scandinavian countries. The theories clearly demonstrated the adverse effects of a segregated society. The introduction of a social scientist into the case was vindicated because when the Court issued that historic ruling, they cited very liberally from the testimony he had presented and based their opinion a great deal on the undeniable adverse effects of segregation of people in our society. In his speech, Dr. Clark spoke of a particular part of the *Brown* decision that had appealed to him and that essentially pointed out the significance of an education in a democracy such as ours. The Court pointed out (it was true then as it is now) that the largest single expenditure of government is on education and that education is a keystone for a democratic society.

Holding on to Our Optimism

We hold high values in the United States. We pledge our allegiance to the concept of equal justice. We hope to bring about equal justice in this country and I think we have been evolving toward it. I think you know from your states, as I know from where I live, that we have not yet brought about a fully democratic society with equal justice for all, but probably no nation has done any better at moving in that direction than we have. And while I am sometimes pessimistic about our pace, and about the forces that overtake us from time to time where we to some extent withdraw from our commitments, I nevertheless think, as does Dr. Clark, that we have reason to hold on to our optimism. I believe that America really wants to solve the problems of discrimination based on race, class, sex, ethnic origin, and handicapping conditions.

Survival and Prosperity

One of the lines in the *Brown* decision, which was first brought to my attention by Fred Weintraub who working with William Geer, Executive Director of The Council for Exceptional Children (CEC), has done such a magnificent job on legislation, stated that in our complex nation one could not really expect a child to be able to survive and prosper unless there was available to him or to her an appropriate education. The law that we are talking about today, particularly that part of the law directed to the individualized education program, is a direct descendant of the *Brown* decision. The rights of handicapped children are established in the United States today as a result of the Supreme Court decision that established the educational rights of minority group people to an appropriate, nonsegregated education.

We do not have a law anymore, either with Section 504 of the Rehabilitation Act or under Public Law 94–142, that allows a charity orientation toward the handicapped. It is not a case of, "Well, this is a nice thing to do and when we can afford it we'll give a little more." We have, instead, a law that says we affirm as a policy of the United States and as a commitment to children under our Constitution, that we *must* provide a free and appropriate education for each and every child, no matter how handicapped, no matter how impoverished, no matter how his or her heritage might have been developed. So I think we owe to the pioneers in the civil rights movement, to people who fought on behalf of Blacks and other minority groups, a great debt for helping the United States to grow to be the kind of a nation that we want it to be, for affirming the rights of all children.

Education of the Handicapped Act

We have struggled now for 10 years, some of us working together in this room through CEC, the National Association of Retarded Citizens, the Association for Children with Learning Disabilities, and so many other groups, I do not want to leave anyone out. There was a coalition of education groups and groups interested in disabled people and groups of disabled citizens, to bring about the Education of the Handicapped Act (EHA).

When I first went to Washington, William Geer helped me understand the status of special education in the United States. I was a speech therapist practicing in Alabama, training students there. I knew something about special education in Alabama; but I really did not know much about special education elsewhere in the country. Bill helped me prepare for the hearings that were held by the House of Representatives that year. Hugh Carey, now governor of New York, was chairman of the subcommittee that heard from parents who told of being turned away from education programs. They told us about programs in substandard facilities with untrained teachers. They told us a whole litany of things that all of us in this room know all too well.

The first Education of the Handicapped Act grew out of the work of these organizations and out of the receptiveness of Congress at that time. It was a small program the first year I was involved in helping administer it. In 1967 we had about $35 million in federal funds. President Carter has just asked in the Fiscal Year 1979 budget for more than a billion dollars to help educate handicapped children. The program has more than doubled in the last two years.

Appropriate and Individualized Education

The principle that we have been operating on is to establish an appropriate, individualized education for each youngster. We recognize that the education for a student who is in special education is something different from that for a youngster who is not, and frequently the costs of special education become an issue. But, although we sometimes lose sight of it, education is not identical for youngsters who are not handicapped. For example, my youngsters pursue through their high school quite a different path than some other youngsters do. Mine seek music in whatever way they can get it. My son's best friend is an exceptional mathematician and scientist. The courses of children who pursue subspecialities aimed at specific college programs are different from those of students who follow a general program or from those who seek vocational education or those involved in special education, and as a result the costs for these children vary—although school costs are seldom analyzed in this way.

So we have to start with the premise that it is not just youngsters with gifts or handicaps who represent different challenges to the school system. In fact there is enormous variability depending on what courses youngsters select as they go through school and what courses their school has to offer. So the notion that equal educational opportunity means something like equal expenditure is not only false for handicapped but it is really not true for nonhandicapped people either.

IEP Fundamental to EHA

Bringing About Individualized Attention

The individualized education program that brings you all here today is fundamental to our purposes. First, in educational terms, it is obviously a step in the direction of bringing about individualized attention to children. If there is a greater shibboleth or lip service phrase that has ever come to my attention in the 25 years or so that I have been in education, I don't recall what it is. But despite having paid lip service to it, despite it being a fundamental platform of almost every educational theorist in the last 50 years, we all know that individualized instruction has been interpreted as, for the most part, some flexibility within group instruction.

The IEP takes a step in helping education achieve what it has been committed to for these many years. It is basically an educational tool and device that is not at all foreign to education. It is in fact fundamental to what educators have hoped for, what they have aspired to, and what we have promised.

Affirming Human Rights Principles

The second purpose of the IEP—the second reason that it is fundamental to us and to the implementation of the Education for All Handicapped Children Act—is that it affirms our human rights principles. The IEP focuses on the individual—not on the school system, not on the federal government, not on the group, but on the individual. And although we think of democracies in terms of majority interest, the thing that has made our democracy so very very special is its commitment to the individual. If you look at the Bill of Rights, you discover that this particular group of affirmations is focused almost entirely on helping protect the individual from the rest of us—helping protect the individual from the government; protecting, for example, the rights of even the most unpopular to speak out, as well as the rights of a person to practice his or her religion, the rights of a person to have protection against unreasonable search and seizure and so forth.

So, essential to the purposes of the United States and to our evolution as a society is our willingness to protect the rights of the individual. What we lose sight of sometimes is this gorgeous principle of the United States, which is that if you protect every individual no matter how humble, no matter how unpopular that individual might be, you create freedom for all of us.

Protecting Children's Rights

The third reason the IEP is important to us is a practical reason. We in the Bureau of Education for the Handicapped have been charged with a basic responsibility for implementing the right to education for children, for sharing that responsibility with the state education agencies, the local education agencies, and with the citizens who serve as school board members. Together we are charged with the responsibility of protecting the rights of the children. We try to do this by visiting school districts in each state and by talking with parents, teachers, and administrators. We look at programs in this brief sample and from what my staff has been telling me as they come back from this somewhat awesome endeavor they can sense from the individualized education programs something about the quality of the programs children are receiving.

It is easier for us to do quantitative things—to count the children and so forth; but it is harder for us to determine appropriateness. One way that professionals such as ourselves can do that, obviously not with scientific precision but with a sense of subjective validity at least, is to look at the IEP's and to talk with the people who developed them and to the people for whom they are intended.

We owe much gratitude to CEC for helping to promote this particular construct. I think they, probably more than anyone else, advocated it in the legislation as an educational process, a human rights process, and a quality control process.

Positive Reports

The IEP has been much feared, primarily in advance of actual experience. However, you will find the reports from actual practice are mainly positive. This is true particularly where there has been some staff preparation, such as inservice or preservice training and where there is support from the administrators and the superintendents. Dr. Ken Byerly, a writer for *Instructor Magazine*, tells me that publication is preparing an issue that will deal with the concept of least restrictive environment, or mainstreaming, as it is sometimes called. In preparation of the article, they made a hundred or so phone calls to subscribers, most of whom are regular education teachers, and asked what their responses were to the Education of the Handicapped Act. Quite contrary to their expectations, they have had an overwhelmingly positive response from teachers about what has been going on so far.

This was a surprise and I plan to report on it at the NEA's forthcoming conference on civil rights. I think the NEA leadership has been affirmative in this area although there has been a lot of anxiety among teachers themselves.

The Act, in its early stages, apparently is working out quite well, and one of the facts the magazine noted was that teachers were generally feeling positively about the IEP.

Need for Training

The Stanford Research Institute took a look at IEP's in a sampling of their own and they found that more handicapped children are being identified. In general, participants in planning conferences are pleased. However, they have found that the meetings tend not to have gone as far as they should in involving the parents and teachers. They have tended more to be dominated by the administrators and by the diagnostic personnel.

Kathleen Fenton and Ron Yoshida of our staff took a look at some programs and problems in the state of Connecticut where they also noted that administrators and appraisal people tended to dominate the meetings. Teachers felt more communication was necessary throughout the process and the data showed that the parent's role in particular needed more attention.

We have here at the conference other staff members—Pat Morrissey and Nancy Safer—who will be talking about their surveys, which were done primarily in advance of IEP implementation in several states. Basically their observations follow along the same direction, essentially positive but with concern for logistical activities and suggestions pointing up the need for training.

Developing a Sample Survey

I have been happy to learn from people in Albuquerque that the concept of inservice training around IEP's is already filtering back into the preservice program of the University here and the two groups, the local education agency and the University, are working together to provide orientation and training for teachers. This is delightful and was one of the things I was going to recommend. BEH is going to continue to pursue activities in this area and try to help the field by using various publications and meetings to provide information and experience with IEP's. We will continue to sample IEP use, both by monitoring, as we have done in individual state visits, and also by developing a sampling survey that Congress has asked us to do involving a statistically valid survey of IEP use and implementation.

We urged Congress during the development of the Act to give us some time to do that task. I felt it would be dangerous to try and leap into the fray in the first year or so and try to do a statistically valid evaluation of IEP's because, as we have discovered, there is a tremendous variability from district to district and from school to school. Clearly it would not have been possible to make a truly valid evaluation without imposing a standard format that we did not recommend philosophically, politically, or practically. We are all still learning about this together.

Congress agreed and wrote the bill to allow us to develop methodology, sampling, and pilot studies until we feel we can provide valid information that might have national significance. We are now working on that and will have several grants out to examine methodologies for evaluating the impact of IEP's.

Continued Emphasis on Inservice Training

We are also going to continue our emphasis on inservice training. Some of the college and university folks out there have struggled along with us over the last few years in our attempt to continue to get funding for training in special education. This was an extraordinarily difficult thing to do several years ago because the general philosophy in the government at that time was to move away from that kind of program. We have been able to maintain funding by focusing our attention on particular priority areas as opposed to offering general support for special education training programs. This has put great pressure on colleges and universities to begin preparing teachers in areas such as the severely handicapped and early childhood education and to begin offering training to regular educators. The schools were not necessarily geared in those directions, and their faculties may have had other professional interests and commitments, but they have, for the most part, worked with us quite well, although it has been a dislocation for some. Their efforts to change directions to meet children's needs deserve recognition and appreciation.

I think some people may not realize the extent to which universities have been bending and shaping themselves to try to focus federal funds on priority areas. Almost half of our professional personnel funding will go for inservice training this year and the President has included an additional $10 million for such training in the Education for Handicapped Act budget. He has asked that it be spent for helping train regular class teachers to be able to respond as part of the total delivery system for handicapped children.

We also have reoriented our regional resource centers and asked those 17 grantees across the country to focus all their attention on individualized education programs.

We should also encourage preservice programs to develop the skills of prospective teachers in diagnostic-prescriptive approaches to looking at youngsters. These skills appear to be consonant with planning for children's individualized education programs.

Training to Interact with Adults

Another issue that should be considered by training programs is that most teachers who have prepared to work with children increasingly have to work with adults; that is, other teachers and parents. The skills are not necessarily the same. It is one thing to train someone to teach a classroom of children to read, it is another thing to train someone to interact with other adults on a teaching faculty—a whole different set of interpersonal skills is involved.

My experience training speech pathologists is what got me interested in this matter. When we did our feedback studies asking recently graduated clinicians what they had the most problems with, it turned out they had problems with the other teachers or administrators within the school. Some of their difficulties seemed like administrative trivia. Because they were itinerant, they did not share lunchroom duty, and little things like that raised resentments. Clinicians offering advice to teachers on how to help children also seemed to be rejected in some instances. Clearly, training programs need to focus more specifically on skills of dealing with adults—teachers, principals, and parents—in relation to the IEP's. It does not make sense to assume that teachers will learn such skills intuitively or incidentally.

Addressing Teacher Concerns

Basically, I think IEP's are a positive development—one where the greater the experience with IEP's, the more positive the feelings. The Bureau is committed in the areas of research, teacher training, and in monitoring services to help bring about the effective use of individualized education programs.

In fairness, we should accept that many teachers have concerns about IEP's. I don't mean to ignore that fact. I think most teacher concerns are understandable. Where teachers have not had any experience, we need to speak to their concerns in training sessions. I was mentioning to some friends before the meeting that frequently we leap over the human concerns of teachers when we provide training. For example, some very interesting research has suggested that we do not make much headway discussing issues with people who have strong feelings about those issues if, as the first step, we only approach them rationally, and ignore their feelings. An example of this would be to take a group of teachers, whether special educators or regular educators, and provide them with a lot of academic information about handicapped children as a way of preparing them to meet these youngsters in their classrooms. In my opinion, and I think some research is beginning to suggest this, a much better way to begin would be to focus the early meetings around the teachers' feelings and concerns, around their anxieties, around what the impact will be on them. Will it mean they have to stay after school? Will it mean they have to do this? Will it mean they have to do that? What will happen if they have a problem? What will be their responses?

Recognizing Our "Feeling Side"

What we have consistently done in education—and many many of our leaders have pointed this out to us over the years—is ignored the fact that we are not totally rational human beings, that we all have a feeling side, too. If the feeling side is dominant in attitude and behavioral orientation, then we ought to speak to and think about that part of the human situation as we educate our teachers. To ignore feelings is to deny reality.

Special education teachers have told us that even though they felt they really knew the children very well, they felt the discipline of sitting down to specify and write the objectives has helped them to clarify their own perceptions and made them feel more confident in talking to the parents and others.

Using the Perfect Mechanism

I also think both regular and special education teachers will benefit because I think the IEP planning meetings will help rather than hurt the delivery of additional services. For example, in talking with regular teachers at the AFT and NEA conventions, I heard many of them say, "Well, we don't trust the school boards, we don't trust the school superintendents. We think they're going to dump these kids in on us with no training and with no resources, and we're going to be stuck. And what are you going to do about that?" First of all, you know that nothing works well totally so I anticipate there may be some bad situations, but I do not think they will be the majority approach in the districts. These concerns are primarily expressions of anxiety that we find in advance of real experiences. But I do think that even if this should happen, the IEP meeting is the perfect mechanism for teachers to be able to say, "I think Mary or Johnny needs additional services to what I'm able to offer." They can raise that issue in a forum before the parents and other specialists and it seems likely to receive some serious attention at the very least.

If I were a parent in an individualized planning conference and if a regular classroom teacher were to say my son needed more help in his educational work, either in reading or spelling, or needed some more help from a speech therapist than she or he was able to offer, I would then turn and look at the administrators and say, "Well, what about it?"

So, I think the teachers, far from being totally helpless and put upon, may find that the individualized education plan and conferences will provide them with an acceptable forum for introducing issues for discussion.

A Major Step Forward

Realizing Our Dream

In sum, then, the Education of the Handicapped Act represents for the United States a major step forward in realizing our American dream of equal justice and equal educational opportunity. We really should stop from time to time as we climb up this mountain, not to be overwhelmed with how high it is and how far we have to go, but to look back down and see how far we have come and to be reinforced by the fact that we do operate in a system that works.

Whenever I get somewhat cynical about the government—local, state, or federal—I remind myself of the fact I mentioned to you earlier; that is, whereas 10 years ago we had $35 million for these children, this year we have more than a billion dollars. And that manifold increase has been brought about by a responsive federal government. I'm just talking about the federal funds; there has been an equal growth at the state and local funds. Citizen advocacy has brought this movement about.

Some of us, as educators, perhaps have been slow to take leadership. Because obviously, as a reporter said to me the other day, "Why did all this (the Education of the Handicapped Act) need to happen in the first place? It makes sense. Why was there ever even a problem with educating handicapped kids?"

In any event, citizens have petitioned their governments and governments have responded. That is a great thing about this country. It is a great prospect for the future.

Showing the Way

Those of you at this conference can be proud of the fact that special education is showing this kind of leadership in helping affirm the rights of children. I think we are showing the way for the education community at large. It seems likely to me that whether or not IEP's are adopted by the general education community per se, there is no question about the fact that they will become useful and valuable tools and their impact is going to somehow benefit all children.

So I thank you for your leadership. This field, which has often been seen as the stepchild of education, may well be helping in fulfilling the Biblical prophecy that "a child shall lead them."

EDWIN W. MARTIN *is Deputy Commissioner, Bureau of Education for the Handicapped, US Office of Education, Department of Health, Education, and Welfare, Washington, DC.*

SECTION 1: Communication and Group Process—Becoming a Working Unit

Establishing and Maintaining the IEP Team

WILLIAM GLENN MORGAN
NANCI MORELAND BRAY

Among the strategies being implemented in special education, few are more complex than the coordination of efforts to provide multifaceted and systematic educational planning for exceptional children. Progress toward the goal of individualized education programs (IEP's) requires cooperation among the involved individuals, or team efforts. As a result, fundamental aspects of group functioning deserve serious consideration.

Issues relating to the development of effective team functioning include teaming alternatives, team development, and barriers to effective team functioning.

Teaming Approaches

Team efforts in educational settings can usually be categorized into one of four types: unidisciplinary, multidisciplinary, interdisciplinary, and transdisciplinary. A unidisciplinary team consists of members of the same discipline who jointly provide input toward development of a treatment or educational plan of action.

The interdisciplinary approach, like the multidisciplinary effort, consists of representatives of several disciplines. This effort is characterized by interdependence among the disciplines, which results in recommendations that are cross disciplinary in nature.

The interdisciplinary approach, like the multidsciplinary efforts, consists of representatives of several disciplines. This effort is characterized by interdependence among the disciplines, which results in recommendations that are cross disciplinary in nature.

The transdisciplinary approach uses team members from different disciplines who have each developed a degree of expertise in the represented fields. Each team member is knowledgeable enough in other disciplines to individually coordinate all efforts toward educational planning for a given child.

Team Development

The dynamics of group formation are affected by such issues as the team's historical background, atmosphere, cohesion, standards, procedures, structure, participation and communication patterns, goals, and single member behaviors. All of these influences have an impact on group functioning. The formation of a team from a group of individuals evolves through three distinct phases: the beginning phase, the middle phase, and the final phase. These phases can also be called the *affiliation*, *consolidation*, and *synthesis* phases.

Affiliation Phase

The first phase of any team interaction involves establishing the reason for the team's existence—its purpose, goals, and tasks—as well as the interaction between the members. Of primary importance is developing a climate conducive to achieving the team's purpose, hopefully one where there is trust, openness, respect, and interdependence among group members (Magrab & Johnson, 1976). When there is mutual recognition of the professional competence of group members and when the members come to rely upon each other for sound decisions, the team's emotional climate and productivity are enhanced.

Schopler and Galinsky (1974) describe the conditions that must be met in the initial phase of development for effective teamwork. A basic commonality must be established—the members must learn about one another and agree on the specific purpose and goals of the team, individual, and group contributions. There should be an initial sense of cohesion and commitment to the team. Members must begin to trust one another, to relate around their common concern, and to assume responsibilities as team members. Rules of conduct need to be established and the team must agree to support the standards. Norms will differ from team to team—there may be rules about confidentiality, attending team meetings, listening while others are talking, and showing respect even when disagreeing.

During the tenure of the team, the roles of the members may remain the same or may change to fulfill roles essential to the operation of the group. Benne and Sheats (1948) have identified several essential roles: (a) the *initiator* facilitates team movement by proposing innovative ways of approaching a problem; (b) the *information seeker* looks for authoritative information to provide a sound basis for team decisions; (c) the *opinion seeker* pursues interpretation and clarification of information, values, etc., thereby facilitating the processing of data; (d) the *elaborator* enlarges suggestions, expands ideas, and may assist in developing fuller meaning for the group; (e) the *coordinator* attempts to orchestrate the various ideas through clarification of the content presented; and (f) and the *summarizer* synthesizes the information of the group into a coherent whole. Other roles include that of the *information giver*, the *opinion giver*, the *orientor*, the *energizer*, and the *critic*.

Consolidation Phase

By the time the team reaches the middle phase, the ground rules have been recognized and each member is aware of mechanisms for participation. It is during the consolidation phase of development that members may call upon one another to provide supporting evidence for assumptions stated. This signals the "end of the honeymoon," prior to which the validity of members' contributions remained unquestioned. Each person now must prove his qualifications to the team. The manner in which this is done is of utmost importance to the health of the team. If the personal and professional integrity of the person being questioned is not protected, he may be lost to the team, if not as a continuing participant, then as a willing contributor. If challenged in a constructive manner, the member may be helped to improve the quality of his contributions and be enhanced both personally and professionally, thus strengthening the entire team effort.

Although the formal roles of the members were identified in the affiliation phase, the functional roles are established in the consolidation phase. The functional role refers to the member's behavior rather than to his professional identification. If there is too great a discrepancy between a member's functional role and his professional role, the other team members' expectations are not fulfilled and it may be felt that the person is not contributing as he should.

It is also during the middle phase of development that evidence of nonfunctional roles that hinder the development of the team may be seen. Nonfunctional roles may be assumed in the attempt to satisfy individual member needs rather than to contribute to the group function. Roles that are frequently observed include: (a) the *aggressor*, who vents hostility toward the team (or individuals within the team) through verbal assaults, criticism, or imposed blame; (b) the *blocker*, who demonstrates continued resistance, disagreement, and opposition on issues long after rejection of an issue by other team members; (c) the *recognition seeker*, who seeks the spotlight through oververbalization, boasting, etc.; (d) the *dominator*, who attempts to manipulate the group through assertion of authority or superiority; and (e) the *help seeker*, who portrays feelings of insecurity and self depreciation in an attempt to obtain sympathy from other team members (Benne & Sheats, 1948). An additional noncontributory role is that of the *redirector*, who wastes time in order to prevent the team from reaching a specific objective (Callahan, 1978).

Synthesis Phase

A feeling of "we-ness" prevails in the final phase. Individual strivings are less evident with the team members receiving satisfaction from work of the team. Roles have evolved to fulfill the needs of the team and there is less concern for professional sacred ground. When intrusion is made into another's professional domain, it is made with deference to the person performing that professional role. There is a beginning concern for the quality of work of the team. A beginning *esprit de corps* is noticed and group building and maintenance roles emerge.

Group building and maintenance roles are concerned with the functioning of the group as a team (Benne & Sheats, 1948). These roles are assumed in order to strengthen, regulate, and perpetuate the team's operation, and consist of the *encourager*, the *harmonizer*, the *gatekeeper*, the *standard setter*, the *procedural technician*, the *recorder*, the *tension reliever*, the *leader*, and the *follower*.

Barriers to Team Functioning

Although the cross disciplinary approach has many elements useful in educational planning for exceptional students, problems do surface. Common barriers to effective team interaction have been informally identified by public school diagnostic team members who cite the following:

1. *Lack of understanding of differing theoretical orientations*. It has been only in recent years that interdisciplinary training programs have been initiated that respond to these concerns.
2. *Territoriality*. Because of the overlap within several of the disciplines usually represented on a team, for example, psychology and social work, professional jealousy focused upon the nature of individual contributions may surface.
3. *Professional insecurity*. In some cases individuals may demonstrate reluctance to present their individual viewpoints for fear of appearing less than adequate in the eyes of their colleagues.
4. *Rivalry*. Competition may occur between members who perceive their roles as the most critical to the team.
5. *Lack of role definition*. Other than within a general framework, for example, "psychologists gather intellectual data," many teams do not have operating guidelines. Frequently team members may proceed to "do their own thing" rather than participate in a systematically coordinated effort for the benefit of the exceptional student.
6. *Lack of leadership*. The quality of work accomplished by the team is directly related to the effectiveness of the leadership. The leadership role may be assigned arbitrarily through administrative edict. In some instances the leadership is allowed to emerge naturally with no rules or conditions as to who may assume this role. A comparatively recent development in teaming has been the use of the "case manager" concept. A team member is assigned as case manager for an individual case and assumes the team leadership role for that particular assignment.
7. *Lack of authority*. Teams may be transient, moving from school to school. Recommendations deemed vital for a given case may not have adequate follow through either due to "slippage"or lack of authority, which serves to dilute team efforts and services for students.
8. *Lack of understanding of team function*. Teams may be expected to solve all "emergencies" within a school setting, which might involve a short circuiting of established procedures, thus weakening team impact at a later time. Other school personnel frequently resent perceived "freedom" by team members. There also may be attempts within the school to manipulate team recommendations to personal benefit, such as to remove a "problem" child to the special class without efforts to accommodate the child within the regular classroom.
9. *Procedural problems*. Conflict frequently occurs between team members regarding the assumption of responsibilities such as completion of team paper work and performance of liaison roles within the different schools.
10. *Cultural conflicts*. Discord may occur in teams whose members are of differing cultural persuasions or whose sex roles follow traditional patterns, for example, males make the decisions, females do the clerical work.
11. *Interpersonal conflicts*. Generally, little consideration is given to interpersonal issues prior to team formation. As a result, personality conflicts between members may surface which will deter effective interdisciplinary functioning if not resolved.
12. *Individual participation problems*. Generally, the broader the participation among

members of a team, the greater is the level of involvement. Some familiar roles previously addressed include the nonparticipant or the *dominator*, which impede effective team cooperation.

13. *Lack of active parent involvement.* Traditionally parents have not been encouraged to be active participants in the educational process. Recently, however, this has been changing. As a result schools are required to facilitate parent involvement in planning and implementing educational programs. But being a new experience, the parent-school relationship gives rise to many real and imagined problems.

Team problem analysis

As service delivery systems rely more and more on teams for assessment and programing for exceptional children, a closer look should be given to the development of methods for assisting teams in developing interdisciplinary team interaction skills. Valletutti and Christoplos (1977a) suggest a technique similar to the Delphi method in establishing competency expectations for the team member. Each team member, including others such as parents, is asked to list the competencies that are expected from that discipline. The resulting competencies are compiled and ranked from the highest to the lowest. Competency items for which the greatest consensus and nonconsensus exist among disciplines can serve to clarify the areas of agreement and disagreement. This procedure can be repeated for each discipline in turn and the results shared as a means for bringing about a better understanding of role expectations.

Development of the IEP: Team Efforts

Public Law 94–142 has legislated IEP's for all handicapped students and it clearly specifies the components of such programs. The IEP is to be developed and/or finalized in a group meeting. Participating on the team are to be the parents, the teacher, a representative of the local education agency and, where appropriate, the student himself.

The trend has been to include additional support personnel in the assessment and programing process. The impetus toward cross disciplinary functioning evolves from the idea that a team of professionals from varying perspectives can produce a synergistic effect. That is, the product of a well orchestrated group effort is considered to be significantly better than the sum of individual efforts toward the same goal (Bloom & Parad, 1974). The multifaceted approach appears especially vital in planning for exceptional individuals who demonstrate a multiplicity of problems.

Group efforts in the development of the IEP can be enhanced through facilitation of effective group dynamics and through adherence to several guidelines. In this area, Valletutti and Christoplos (1977b) and Gotts (1976) have offered the following suggestions:

1. Evaluation and subsequent planning should be addressed from a broad perspective, across the discipline boundaries suggested by the nature of the presenting problems.
2. Only team recommendations should be suggested that have a high probability of being implemented.
3. The approaches, materials, and methods that may be recommended should be readily available to those charged with implementation.
4. Efforts should take into account the specific considerations of the situation and the goals of the individuals involved.
5. Reports and the IEP should be clearly written in a form that is easily understood by the reader.
6. Accountability for follow through should be jointly assumed by team members.

Under the guidelines of Public Law 94–142, parents are included as participants in the teaming process, and appropriately so. The parents have years of firsthand information about the child and his family that may significantly influence plans and decisions made by the team. Suggestions that may facilitate the parent's positive involvement on the team follow:

1. The team should be sensitive to the parents' pragmatic concerns, such as transportation to the meeting, time off from employment and caretakers for younger children.
2. A member of the team should make an effort to become acquainted with the parents and establish a supportive relationship with them. This team member then becomes a familiar face on the team, someone with whom the parents can relate immediately upon arriving at planning conferences.

3. The parents should be met at the entrance to the building by a familiar person and escorted to the meeting. A few minutes of informal getting acquainted time should be scheduled and the parents introduced to each team member. The team should avoid the appearance of being assembled and "waiting" for the parents. Besides being intimidated, the parents may wonder what has transpired prior to their arrival.
4. During the case staffing it is a good practice frequently to ask the parents to evaluate, expand, or clarify information being presented by the team members. In this way the parents quickly become participants in the process and develop more confidence in themselves and the team. It is a foregone conclusion that the team's effort is of little value without participation and support of the parents for the team's decisions and plans. After all, the final decisions rest with the parents.

The human factors involved in the teaming process predispose the effort to numerous challenges yet, at the same time, present the possibility for synergistic action. In no other way can a more comprehensive effort be realized on behalf of appropriate IEP planning for handicapped students and their families.

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Attitudes of School Psychologists and Special Educators in IEP Development

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Legislation mandates that an interdisciplinary team be used as the process for making decisions about handicapped students. While there are historical reasons for establishing a team decision making process, there exists an implicit assumption that underlies its effective implementation; that is, the professionals who engage in this process are not only skilled and qualified to work effectively together but also can recognize those factors that hamper effective group process and subsequent decision making. Professionals who do not recognize these factors are likely to contribute to meetings in a manner that falls short of generating appropriate programing recommendations based on student needs. Ultimately, handicapped students live with these recommendations.

There is a growing concern about the effect of professional interactions on the interdisciplinary effort in program planning for handicapped students. Specifically, it is recognized that subtle behaviors that exist among professionals may hamper interdisciplinary decision making (FitzSimons, 1977; Larsen, 1976; Wallace, 1976). Martin (1976) stated the problem succinctly:

> I believe that while examples of successful efforts do exist, in general we are still caught up in parochialism. Each discipline values itself more highly than it honors others. Each knows a little bit more about the real truths. (p. 125)

Failure to implement effective decision making processes is often more a result of subtle professional conflicts than a failure of either administrative structure or mechanical process.

Effects of Professional Conflict

Attitudes, expectations, and lack of knowledge about other disciplines impede the necessary cooperative group interaction essential for developing individualized education programs for handicapped students. The development of interdisciplinary cooperation depends on professionals (a) having a working knowledge of the other disciplines (e.g., training, role expectations, functions, and (b) overcoming many of the traditional stereotypes that surround their interactions.

Even a cursory glance at the interactions among professionals reveals a lack of basic knowledge of professional training and on-the-job functions. Further, observations indicate that the strong feelings of territoriality and the perceived inadequacy that one discipline holds toward another contribute to stereotypic attitudes. Effective decision making about handicapped individuals is hampered when professionals, lacking in knowledge of each other's potential contributions, are unable to generate appropriate questions that solicit the optimal information needed for program development. Potentially more restrictive are the subtle attitudes professionals hold toward other disciplines. These restrict the communication and cooperation that are needed in formulating programs for handicapped students.

One needs only to have attended the public hearings on regulations to implement Public Law 94-142 to witness the parade of professionals all calling for the mandate of their services with little consideration given to the needs of children. In a similar manner, presentations given at national conferences (e.g., What the Special Education Teacher Can Do About Children with Learning Disabilities Until the Psychologist Gets There—or How to Avoid the Psychologist When He Gets There) demonstrate residual feelings of conflict and one-upmanship and most certainly serve only to perpetuate professional confrontation.

That conflict exists among professionals is well established. To some degree, conflict resolution on interdisciplinary teams appears to be a function of professional status and feeling as much as a function of knowledge (Hyman, Carrol, Duffey, Manni, & Winikur, 1973). Martin (1976) identified the importance of a disciplines orientation and its impact on decision making when he stated:

> Our actions are determined by the meanings we give to events. If an educator sees only a need to read, a psychologist sees only a need to be accepted, a physician sees only a need to be healed, and they cannot see the common core of these processes and ways to achieve all of them simultaneously, then working in the same center or for the same employer will not help. (p. 126)

Conflict arises when an individual representing a particular discipline attempts to dominate interdisciplinary staffings, resulting in behavior from other team members that does not contribute to or facilitate effective decision making (FitzSimons, 1977). Effective group decision making is influenced heavily by the educational background and theoretical foundations of each participant (Garner, 1976), which is undoubtedly heightened by each discipline's lack of knowledge about other participating disciplines.

It is apparent that some culpability for these professional conflicts rests with training programs. Many programs concerned with the training of students who will eventually work directly or indirectly with handicapped individuals prepare those students in such a way that they receive little or no exposure to students in different disciplines who will also be working with the handicapped. For example, school psychologists and special educators often work closely together in educational settings; yet their first professional interaction most likely will occur after leaving their training program, that is on the job. Further, because of interdepartmental tradition, training programs often do not provide models of professional cooperation and interaction. Inadvertently, they convey to students messages of erroneous professional status and one-upmanship.

Effort and resources have been directed toward implementing the mechanics of interdisciplinary staffings. Many state education agencies, local education agencies, and training programs have developed procedures for school personnel to follow in staffing handicapped children. Some projects have been major in scope in their attempts to provide statewide inservice training in the implementation of interdisciplinary staffing and planning (e.g., the Case Conference in Indiana). While these efforts are necessary steps toward implementation, alone they are not sufficient in dealing with these professional conflicts. Concerted attention toward analyzing and dealing with these subtleties is needed.

Professionals involved in training must begin to develop procedures whereby the interactions between students of various disciplines are increased. Procedures that increase training knowledge between disciplines and recognize subtle attitudes will maximize the effectiveness of individual education programing and decision making. What follows is a description of a training activity that brings together students in special education and in school psychology for the purpose of facilitating their decision making about the handicapped.

A Training Activity to Enhance Professional Cooperation

The training activity used by the authors consists of three phases of activities for graduate students in school psychology and in special education. Initially, students are brought together in an interdisciplinary simulation activity on individualized educational planning for a handicapped student. Each simulation activity is videotaped and processed for (a) knowledge of what is known about another discipline, (b) attitudes toward other disciplines, and (c) behaviors that facilitate or impede the process. Videotapes are used to indicate to students specific factors (e.g., attitudes, verbal statements, questions) that impede effective decision making about handicapped children.

In viewing the videotapes, students have an opportunity to pinpoint positive and negative interactions in the group process. Most groups are initially unable to engage in effective decision making. Their performance is a result of inappropriate questions (e.g., questions that place blame on an individual), lack of knowledge about the other discipline (e.g., wrong or limited expectations of other team members), and focusing on placement priorities or labels rather than on child needs and programing.

Following the initial tape viewing, students are given information about each other's discipline and are trained in attitude awareness and questioning strategies. Jargon, blame statements, vocal tone, negativism, and inappropriate questions demonstrated on tapes are noted and restated with students in a group session. Following this training, students participate in another videotaped simulation activity that is processed and viewed for differences.

The decision making process following training demonstrated an effect on individual and group interaction. Students used more specific statements about child needs, less professional jargon, and fewer statements reflecting attitudes and expectations that impede decision making. While students were sometimes less verbal in their interactions, they admitted to being more aware of appropriate professional interactions.

The training activity described is a beginning attempt at a complex problem. Although subtle attitudes and professional territoriality have been shown to hamper group interactions, little attempt has been made to change this behavior. Videotapes and analysis of factors contributing to decision making and program planning appear to be a possible training vehicle for change.

Directions for Change

Where do we go from here? While attention to procedure is necessary if the logistical problems related to staffing children are to be overcome, it is also necessary to attend to those more subtle obstacles that can impede effective interdisciplinary decision making. To ignore prejudicial attitudes, feelings of discipline territoriality, and professional one-upmanship is to deny the existence of problems most professionals readily admit exist. There are a number of directions for seeking solutions that can be pursued.

First, there needs to emerge a professional commitment to disarmament. If there is not a lowering of voices and concurrent commitment to cooperation, specific programs cannot and will not emerge. In the most simple terms, professionals must want to make these changes. Second, factors impeding cooperation must be confronted. Included here are those professionals who perpetuate unjust stereotypes (even in jest) and thereby impede cooperation.

A third direction requires institutions of higher education to integrate training programs. What is needed is an integration that brings together faculty and students on a regular basis. Brief class visitations, working together on occasional cases, or social gatherings will not suffice. Rather, substantive program content must be planned to reflect more accurately the public school work setting. To train professionals in isolation of each other while simultaneously distorting their perceptions and then to expect them to work cooperatively together is itself a distortion.

As a fourth direction, specific training techniques that are proven to be workable must be developed and shared. Those activities that result in exposure to other disciplines and that structure activities around real and expected skills are the most valuable. Simulations of interdisciplinary staffings are one example. The use of videotape enhances that activity as a learning experience. Faculty members should facilitate interdisciplinary student interactions. For example, class sessions dealing with content such as Public Law 94-142, state legislation, nonbiased assessment, and IEP implementation can and should be conducted together rather than independently with all students in training who will work with the handicapped. Activities such as these can be developed and implemented without having to rearrange the administrative structure of training programs and departments.

While attention here is focused on training in higher education, a fifth direction, just as necessary, is the development of inservice training designs. Personnel practicing in the schools speak openly of the difficulties encountered in interdisciplinary work efforts. Inservice procedures must go beyond traditional delivery formats if significant impact is to be realized. Top central administrative support is a prerequisite to obtaining time, personnel, and resources.

Finally, research on factors that impede IEP development should continue. The research foundations provide some direction for programing and procedure change, but they are still weak. While there is certainty about attitudinal and territoriality prejudice, its direct impact on educational programing remains unclear. It is paramount that investigation proceed to determine more accurately those factors that contribute to and those that impede the effective educational programing of handicapped students.

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Don't Forget the Regular Classroom Teacher!

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Regular classroom teachers are the primary implementors of programs for many handicapped children. Thus, it is important that they be involved in the child study team (CST) process that results in the development of an IEP (individualized education program). In this paper, we will review the research on teacher involvement on teams, point out the effects of present practices, suggest changes in the process to increase teacher involvement, and finally, present a conceptual framework for the classroom component of the IEP.

Research conducted by the Bureau of Education for the Handicapped in cooperation with the Connecticut State Department of Education has addressed the role of the classroom teacher on the CST (Fenton, Yoshida, Maxwell, & Kaufman, 1977a, 1977b; Yoshida, Fenton, Maxwell, & Kaufman, 1977a, 1977b). Their research and subsequent findings are based on a comprehensive questionnaire completed by more than 1400 CST members on 290 CST's in Connecticut.

One important finding was that a significant proportion of CST meetings were not attended by classroom teachers, particularly at the secondary level (Yoshida et al., 1977b). Furthermore, communication of team decisions to teachers who were not present tended to be poor. Such communication was usually oral and generally relayed by two or more people resulting in considerable inaccuracy. This is reminiscent of the popular party game of transmitting a story from one person to another and asking the last person to share his account of the story. Invariably the story comes out garbled. Such is the case with the oral transmission of data to teachers who are not present at CST meetings.

Classroom teacher attendance at CST meetings is closely related to whether or not they and their colleagues view their participation as important to the team process (Fenton et al., 1977b). When given 5 broad areas of CST responsibility (i.e., diagnosis, prescription, evaluation, maintenance, and administration), classroom teachers did not view their participation as appropriate. Further, it was found that other team members agreed that classroom teacher participation was not important for the CST process. Under the circumstances, minimal classroom teacher participation should come as no surprise. It does, however, say something about the status of the classroom teacher in the school hierarchy.

In addition to not attending meetings, it has been noted that classroom teachers do not know the duties and the goals of teams (Fenton et al., 1977a). The explanation offered is that classroom teachers tend to be outside the "special education communication network." This situation is similar to asking someone to play chess, but not explaining the rules. Given this condition one cannot expect enthusiastic participation.

Lack of teacher involvement in CST proceedings and uncertainties about roles, goals, and responsibilities leads to fairly certain outcomes when classroom teachers actually attend meetings. They tend to assume passive roles and feel they have little influence on the decisions made by the CST (Yoshida et al., 1977a). As a result they tend to feel dissatisfied with team decisions and therefore are not committed to successful implementation of the recommended programs.

Increased teacher participation in CST meetings does not, in and of itself, insure increased effectiveness of educational programing for handicapped children. Additional research points out the effect of diagnostic data on team placement decisions and the subsequent impact on program implementation. Goldbaum and Rucker (1977) have demonstrated that the use of criterion referenced rather than norm referenced data results in less restrictive placements of handicapped children. Further, teachers find criterion referenced data more useful for planning the programs of handicapped children, while other team members prefer norm referenced data. Given the fact that classroom teachers are often the primary implementors of programs, adjusting the data to their desires is important.

The present status of classroom teachers on CST's is particularly unsettling in light of the prominent position they occupy in actually carrying out the majority of programs for handicapped children. Research in organizational theory (Likert, 1967; Vroom, 1969) has shown that commitment to a decision is directly related to a person's satisfaction with the decision, which is in turn related to the person's participation in generating the decision. It is therefore critical to increase classroom teacher participation in CST decisions, if increased commitment to program implementation is to be achieved.

Increasing Classroom Teacher Participation

Classroom teacher participation in CST meetings can be achieved through a number of strategies. One important step is role clarification. Present role expectations and attitudes are restricting classroom teacher participation (Fenton et al., 1977b). Teams including classroom teachers need to systematically develop clear role statements for all team members.

Flexible scheduling of CST meetings is another way of increasing classroom teacher participation. If meetings are held during the school day, consideration should be given to providing a replacement such as an aide or substitute teacher to cover a teacher's class.

Teacher participation can also be directly affected by the type of team employed in a district. A school system that resolves most programing issues at the building level will have greater teacher involvement. In a similar vein, forms, procedures, and meetings developed by the central office tend to limit teacher involvement. Consideration should be given to involving teachers in the entire process. Why can't they be instrumental in developing the policies and procedures of the CST in addition to issues related to a specific student?

The activities undertaken by the chairperson of the CST can greatly enhance the extent of classroom teacher participation in meetings. Strategies aimed at opening up the special education communication network include briefing the classroom teacher prior to the meeting so that he or she has a clearer understanding of the types of questions to be asked, the data to be reviewed, and the possible outcomes. Additionally, the chairperson can insure that the teacher is afforded appropriate opportunities to speak and that all jargon is properly translated into clear, educationally relevant terms—this is also helpful for parents.

The final conclusion is that since classroom teachers implement the programs, they must have a greater say in terms of the kind of information they receive. Therefore, in CST meetings it is appropriate to request teachers to specify the information they need in order to program appropriately for handicapped children.

While it should be obvious that teacher involvement in CST meetings is essential, one word of caution is in order. Our research has shown that a team of 3 makes as appropriate placement decisions as a team of 20. Such a finding certainly argues against large teams. Furthermore, large teams tend to intimidate parents. Therefore, discretion should be exercised in scheduling meetings and involving various staff members. One thing is clear, if a person is not present at the CST meeting, the outcome should be communicated by one person and should be in written form accompanied by all supporting data.

The conclusion is that active participation in the decision making process leads to satisfaction with the process and the decision. This satisfaction leads to teachers who are committed to successful implementation. This in turn leads to quality programs for handicapped children.

Rationale for the Classroom Component of the IEP

In attempting to discuss the classroom teachers' part of the IEP, some rationale is needed to differentiate their specific responsibilities from those of various specialists involved with a given handicapped child. This differentiation is perhaps best seen through an analysis of the continuum of services available for handicapped children in public schools (see Figure 1).

A review of the educational options available shows that the responsibility for direct instruction of handicapped children is greatest for special educators in situations most segregated from the mainstream. As one progresses down the continuum toward full time regular class, less direct instructional responsibility rests with the special educator.

Direct classroom teacher responsibility for instruction is somewhat the reverse situation

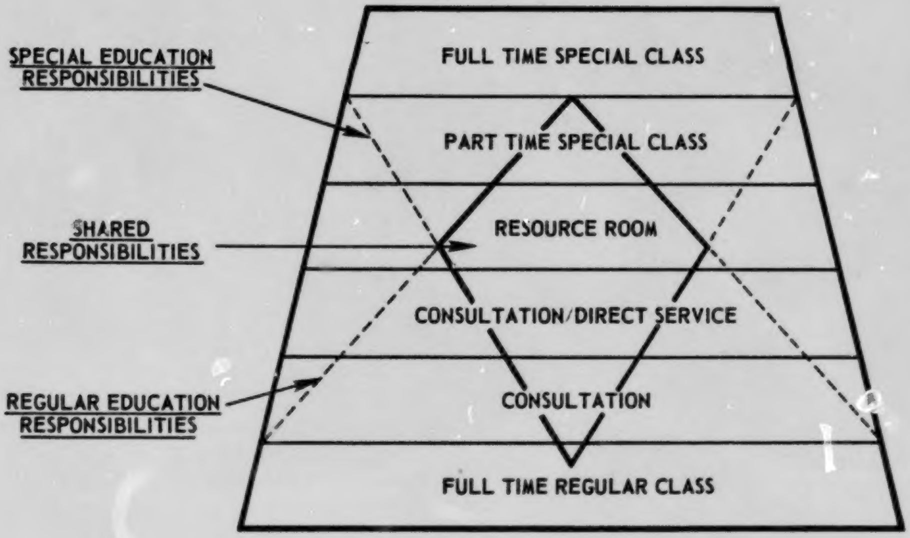

Figure 1. Public school continuum of educational services

of the specialist. The teacher's responsibility is greatest in the regular classroom and decreases as the child progresses up the continuum toward more restrictive educational alternatives.

In addition to situations where direct instructional responsibility rests exclusively with either the specialist or the classroom teacher, there exist circumstances where instructional responsibilities are shared, as in the cases of part time special class, resource room, or consultation/direct services.

The fact that a handicapped child receives any or all education in the mainstream is indicative of some degree of normalcy. The exact extent of normalcy is theoretically reflected in the amount of mainstream involvement. One assumes for example, that children in full time regular classes approximate the norm more closely than those in part time or full time special classes. This assumption of normalcy suggests that much of the curriculum and instructional procedures of the regular classroom are appropriate for the handicapped child. To the extent that this assumption is correct, the classroom component of the IEP should focus only on the modifications required of the general curriculum and should assume all else is acceptable.

Program Modifications

In conceptualizing the classroom component of the IEP as exceptions or modifications to the total instructional day, one cuts down on paperwork considerably, and this is critical for already overworked teachers. Appropriate types of modifications for the classroom component of the IEP fall into 4 broad classifications: presentation, performance, content, and time.

In our attempts to insure the success of handicapped children, we continuously make modifications in how information is shared. Such modifications of presentation may take extreme forms like braille for the blind or less dramatic variations such as placing the literature portion of an English class on audiotapes for a student with a severe reading disability.

Performance modifications can help a student display mastery of a specific skill or concept. For example, a child with a severe handwriting problem would do poorly on an essay test, but given the same material in a multiple choice format, the child might do well.

Curricular content is an area where modifications are often required for handicapped children. What is to be taught and the appropriate sequence to be followed must be resolved if we expect a child to perform successfully. The type and extent of curricular modification is directly related to the degree of severity of the handicapping condition and the age of the child. Minimal reading might be attempted with a trainable child whereas definite reading instruction would be pursued for a mildly learning disabled child. Furthermore, the emphasis of the reading instruction would vary dramatically depending on the child's age, ranging from phonics in third grade to vocational terminology in high school.

The final program modification deals with time. We can readily cite examples where a child is capable of performing a certain task, but because of insufficient time fails to do so. For example, in taking a test, if the student were given two periods rather than a single period he might achieve a higher score.

Modifications and Success

While the delineation of four basic types of program modifications appears fairly straightforward, the actual process proves to be quite complex when applied to a specific student, and a number of factors must be considered to achieve success.

First, effective channels of communication must be opened up between classroom teachers and specialists. This relates not only to role clarification and data sharing as alluded to elsewhere in this paper, but also to program planning, implementation, and monitoring.

Second, the thrust toward mainstreaming calls for a radical reorientation of special education. Special educators must become increasingly aware of the curricular content and constraints placed on classroom teachers. Unless this awareness develops, we face a danger of continuing to develop unrealistic program modifications.

Third, the effective translation of student needs into modifications dealing with presentation, performance, content, and time, is perhaps best achieved through a joint review of the curriculum. Classroom teachers and specialists should sit down together to review the curriculum at a given grade level to evaluate program options and their feasibility.

Fourth, attention must focus on the specification of grading criteria for handicapped children who are mainstreamed. A common concern, particularly at the secondary level, is the difficulty in justifying the application of the same letter grade to two students who have mastered disparate amounts of the curriculum. This problem may be solved by having the CST and administration sanction the specific criteria which apply to the determination of a grade.

Fifth, as discussed earlier, energies must be expended in upgrading the role of the classroom teacher in CST meetings. It is ironic that classroom teachers are secondary members in the decision making process but become the primary program implementors. Under the circumstances it is critical that they be given the opportunity to react to a program prior to its implementation in order to increase the likelihood of it being carried out effectively.

Sixth, the development of the classroom component of the IEP will only be effective if proper monitoring and feedback systems are employed. Such systems should include assignment of specific responsibilities, delineation of evaluative measures for future program review, specification of periodic review dates, and finally, acceptable formats for reporting information to the team.

Seventh, there has to be a way to change plans in midstream. The IEP is not a paper document but, in reality, a process and as such consideration must be given to ways of activating change with a minimum of red tape.

The classroom component of the IEP is quite complex. There are, however, a number of benefits that should be cited. Through classroom teacher involvement in the IEP, one tends to specify the instructional requirements based on the child's unique learning style, rather than a set curriculum. Teacher involvement in the IEP results in a clarification and reinforcement of responsibilities and an increased commitment to them. The evaluation of the student's performance becomes objective through specification of grading criteria, content expectations, ways of presenting information, and methods whereby a child may indicate mastery of a skill or concept. The final benefit of involving the classroom teacher in the IEP is a strengthening of home-school communications through frequent meetings and sharing of information.

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Child and Parent Involvement in Educational Planning

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Since the advent of the Individualized Education Program (IEP), much thought and concern has been focused on parent involvement in educational decisions for their children. Yoshida and Gottlieb (1977) constructed a model to determine the extent to which a school district invites and encourages parental contributions. But in the intense concentration directed toward this aspect of IEP formation, a small phrase in Public Law 94-142 has escaped the attention of many educators. In addition to administrative representatives, diagnosticians, teachers, and parents, the law states that the child should participate in educational planning and review "whenever appropriate." Few even acknowledge the presence of this statement (Weintraub, 1977).

This paper will examine some benefits of child participation in educational diagnosis and planning. The suggested procedures and activities are based upon my experience in several educational and clinical settings, with children from first grade through high school. These children have also spanned a wide variety of handicaps. Their participation has been viewed as appropriate whenever they can communicate sufficiently to discuss their learning problems.

Involving the Child in the Diagnostic Process

As adults, we are all aware of our strengths and weaknesses. Without a formal evaluation, we estimate our relative standing in a multitude of skill areas. Children are no different. They can identify the best reader, the worst speller, the most coordinated child in class. Students experiencing academic problems know they attract the concern of their teachers and parents and worry about their difficulties. Through work with many such children, I have found that they can provide a clear picture of their difficulties, if they feel comfortable doing so.

After a lengthy period of educational evaluation, I asked a 15 year old boy what he felt his test results would show. "Well," he said, "I know English rules pretty well and can read ok, but math is a problem, especially fractions. Sometimes I have trouble writing neat because I can't see the letters so well when I make them." Test results corroborated his assessment. When children are this perceptive, it is time to acknowledge them as active partners in their own educational career.

Children should be told in advance that an evaluation is going to take place or that some tests are being planned. At this point, the child's learning problem is acknowledged; he understands he is not blamed for his difficulties and that the goal of these activities is to discover more about his learning processes and how school personnel can work to increase his learning success.

Many times, children are lured to the testing situation by an invitation to "play some games." Reading graded paragraphs or blending syllables constitute strange games, especially when the tables cannot be turned so that the adult must answer some questions. Honesty about the evaluation allows children to be prepared for the experience and encourages them to take the activities seriously. Being able to talk about the evaluation before it begins also serves to alleviate the children's nervousness and thus may result in more reliable test results.

Straightforward statement of the purpose of an educational evaluation allows the diagnostician to enlist children's active help during testing procedures. Performance can be reviewed as children are asked to spot any errors they might have made. They can also be encouraged to provide feedback on which tasks they find most troublesome and which procedures ease the difficulty. These types of activities provide valuable diagnostic information concerning children's ability to monitor their own errors, their reactions to different educational tasks, and the strategies they use when asked to evaluate their own performance.

An additional reason for child participation in assessment relates to remediation. If the child has never discussed his difficulties, and if educational personnel neglect to do so, the beginning of remedial procedures is hard to justify. The child can feel apprehension at being singled out for special treatment and confusion about the aims of new teaching techniques and materials. Child involvement throughout the assessment process will serve as preparation for modification in his or her educational program. If the child has contributed to learning about the problem, that child may more readily cooperate in working toward its solution.

Sharing Diagnostic Information with Child and Parents

Once everyone involved has agreed to an evaluation and this work has been completed, sharing the findings should be the natural next step, even if Public Law 94-142 were not in existence. People cannot help devise plans or give informed consent if they do not understand the results upon which remedial goals are built. I have found a three part conference to be most successful. Separate meetings are held to discuss the evaluation with the child and then with the child's parents. The third conference brings together all the participants and educational personnel to devise the educational plan.

Individual conferences between the diagnostician and the child are helpful for several reasons. Most prominent is that the child has a right to know what we have found out about him or her. Adults do not appreciate doctors who withhold information; neither do children feel comfortable when the results of our work are kept from them. In the past, parents have been relied upon to communicate educational findings to children. This expectation may create numerous problems. Some parents do not feel their children can deal with diagnostic information. Many parents feel they need to save their child the pain of this knowledge, not realizing the frustration and fear experienced by the child who does not understand *why* he or she cannot learn as easily as everyone else. In addition, parents, themselves, frequently need time to adjust to the results. They may not fully understand the findings at first and may find it difficult to explain these new ideas and insights to their child.

Suggested techniques for arranging and conducting such meetings follow.

The Child's Conference

Because it is often difficult to manage the schedules of several people, the child, parent, and staff conferences are usually arranged to be held on the same day. I have found that holding the child's conference first is most desirable. The child is usually nervous about the meetings and will be more able to attend to school work if the anticipated event takes place early in the day. A formally appointed time and place should be arranged for the child rather than taking five minutes from recess to relay information in the hallway. As with an adult, this time should be arranged with the child's regular schedule in mind to accommodate daily tasks, special responsibilities, or favorite activities.

Of course, one does not whisk children in from the class and bombard them with figures and scores. A technique that has often been successful is to again acknowledge the reason for the educational evaluation and ask children to tell you about their strengths and weaknesses—what tests they thought were easy or hard. From this opening exchange, trends in results can be reviewed to fill in children's knowledge of their performance. Obviously, it is inappropriate to say, "Sam, we have discovered a serious deficit in the area of auditory memory and we will attempt remediation through the use of auditory training tapes and supportive home activities." It is more profitable to ask children to reflect on activities which are affected by their problems: "Sam, do you sometimes have trouble remembering directions your teacher gives you?" The child should be encouraged and guided to provide suggestions for alleviating some of these problems. In this particular case, Sam said that he needed to hear directions frequently and we explored the idea of tape recordings, language masters, or a list of directions to serve as a reference. In this way, Sam has helped to discover methods to aid his recall and to eliminate the necessity to interrupt the teacher for the needed repetitions. Sam can become more independent in his class activities and can feel pleased that he has contributed to a solution.

The Parent Conference

Full participation in the diagnostic and planning phases of special education is not such a new experience for parents as it is for children. However, it is necessary to be aware that for many parents, the first stages of dealing with their child's educational difficulties can be upsetting and a bit frightening. These parents deserve a private conference, just as does their child, to have time to understand the evaluation findings and to adjust to any unexpected information. Often this is a highly emotional experience, which parents would prefer not to share with their child.

Diagnostic results can be introduced in relationship to information already supplied by the parents. One set of parents, worried about their second grader's illegible handwriting and clumsiness with crayons and scissors, were encouraged to discuss the child's early experiences with small motor tasks. They reported that their daughter showed an early dislike for these activities and that they had never encouraged her to try for improvement unless she initiated the activity. In first grade, they tried some drill activities, but everyone became frustrated and angry. As with the child conference, this background information provided a basis upon which to discuss related evaluation findings and the effect the motor problems had on school work. Recognizing the futility of monotonous drill, the parents were encouraged to suggest home activities that would be fun and could complement school remediation plans. One of their ideas was a systematic attempt to encourage note writing with their daughter, who read well. "Secret" letters under her pillow or in her lunchbox were exciting and prompted replies in writing. Helping with cooking and yard work also provided practice in an enjoyable fashion for the parents and their daughter.

In this fashion, parents discover how learning problems affect home behavior; they begin to think of ways to work together with the child to ease difficulties.

Developing Goals and Responsibilities

At this point, parents and children have discussed diagnostic findings and formed some plans. The most compelling reason for a meeting of all people involved in the child's education is to insure that all parties agree in their understanding of the ideas presented and to begin the active cooperation necessary to successfully implement the IEP.

Parents and children are fairly competent at stating some long term goals. They know what each would like to achieve. In the separate meetings, task analysis has begun to determine how learning problems affect goals, and what basic skills need to be strengthened to facilitate progress toward those goals.

Some of this information needs to come from the school personnel, who have been trained in methods for teaching concepts and skills to children of varied abilities. Since the parents and child may not be familiar with options for placement or supplemental teaching materials they will benefit from hearing school personnel describe the advantages and disadvantages of each. This process will allow the parents and child to consider the options for themselves, and to become fully informed about available choices. Failure to share this information can result in circumstances which only delay remediation of difficulties. For example, a worried mother called one day, upset over her son's educational placement. The boy, in seventh grade, had always had problems reading. The school provided remedial help, but never more than once a week. Two days prior to her call, her son had come home with a note that he would now be attending a special class in another district; the bus would pick him up on Monday. The mother, angry, said she knew nothing about the new school and had never given permission for this transfer. A call to the school confirmed her statements. A difficult situation now existed. The mother, who had long asked for help, was alienated by the way the school announced its decision. The child, disturbed at the sudden change, did not want to leave. A conference to discuss this decision and solicit input from the family might have eased the situation considerably. Now, instead of being a team with the school, the family was united in opposition to the school.

In a cooperative approach to overcoming learning problems, each person assumes some responsibility for reaching a goal. A child's involvement is particularly critical when dealing with behavior problems. If a child's distracting or distractible behaviors hamper the child's achievement, this should be explained to him. He should become involved in determining how to decrease such activity. One youngster knew his teacher was upset that he constantly called for his attention. When asked whether he did this for help or for attention, he felt the latter to be the case. Together, child and teacher devised a system by which the boy could earn teacher attention at appropriate times and could increase this contact by showing less disruptive behavior in class. The boy decided he would keep a tally of his urges to interrupt and that he would refrain from interrupting until he accumulated five tally marks. He was proud of his responsibility in monitoring his own behavior and of the more positive attention he received as his behavior improved. He was more in control of his activities and was helping to achieve one of his goals.

Many suggestions for improving school and home behaviors may be developed in earlier, separate conferences. Children and parents should be encouraged to share their own contributions with each other, rather than to have another individual report the idea. This establishes direct communication between parents and children in a positive fashion. For example, one 8 year old boy, who had trouble remembering spoken directions, knew this caused difficulty at home with his chores. When encouraged to talk of this with his parents, he suggested a prominently displayed checklist of chores to which he could refer. His parents were delighted at the idea and their nightly review of successfully performed tasks became a pleasant part of the day.

Establish Meetings To Assess Progress

When all parties have begun work to reach the goals set forth in the IEP, periodic conferences are convenient times to assess progress. Much as in a typical report card conference, each member of the team (teacher, parent, child, and any others involved) can report on the successes and pitfalls of the activities in use. Parents are able to discuss their own observations of school work and attitude and the home situation. Children given a role in this process provide excellent feedback. They take pride in reporting progress and often admit that a goal is too hard to reach at a certain time, that more structure is needed, or that they have found a new way to help themselves. The conference enables all to share accomplishments and to extend or modify objectives. Major extensions of the IEP may require comprehensive meetings, but as people become more comfortable with their own roles, periodic review conferences may last no more than a few minutes every few weeks.

Public Law 94-142 has stated the rights of parents and children loudly and clearly. Parents, teachers, and children all have the right to know what is happening in the child's educational program. To be fully active in the implementation of this program, these people should also bear the responsibility to help form and work toward achieving educational goals. If we begin to trust children with information about their capabilities, we may find they become more successful in fulfilling their responsibilities.

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Procedural Guidelines for Involving Parents in the IEP Committee

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Simply extending to parents the legal right to be a partner in educational planning and decision making does not insure a high level of interaction and cooperation between educators and the parents of handicapped children. Parental involvement in the process of individualized education program (IEP) development for handicapped students represents not only a recent but also a controversial aspect of educational planning. Many questions regarding the effective implementation of this legal requirement are still unanswered. Parental involvement, however, has the potential for significantly enhancing the effectiveness of IEP development and implementation if practical methods for encouraging and enlisting parental partnership are developed.

Public Law 94–142 requires that the local school system extend to parents the opportunity to be involved in the process of IEP development. The purpose of this paper is to provide a systematic review of the IEP committee meeting with suggestions for meaningful parental involvement. These suggestions will be organized according to the seven major aspects of an IEP conference which follow:

1. Preconference communication.
2. Initial conference proceedings.
3. Interpretation of evaluation results.
4. Development of the curriculum portion of the IEP.
5. Placement decision.
6. Conclusion of the meeting.
7. Followup between home and school.

Preconference Communication

Preconference communication is essential in laying the groundwork for future cooperative planning. Public Law 94–142 requires that parents be notified of the intent to have an IEP meeting early enough to insure that parents will have the opportunity to attend and so that a mutually agreeable time for the meeting can be established. This written notification must indicate the meeting's purpose, time, location, and participants. While the provision of a *written* notice is not negotiable, the school can, in addition initiate other means of communication such as telephone calls, conferences, or home visits as a means of clarifying the information in the notice and actively encouraging parental participation.

The written notice to parents informing them of the IEP meeting can be a part of the required notice informing parents of evaluation results. Thus, in addition to the legal requirements associated with notification of the IEP meeting, the notice must inform parents of:

1. Their procedural safeguards.
2. Actions proposed and rejected by the agency with a rationale included for each proposal and refusal.
3. A description of each test and procedure used in the evaluation process as a basis for the proposed action.
4. A description of any other factors considered in the agency's proposal or refusal.

Form letters designed for the purpose of notification are, in most cases, inappropriate because such letters are not geared to representing the highly individualized information required by Public Law 94–142. While the provision of procedural safeguards is the same for all parents, specific tests and procedures used in the evaluation process, as well as the actions proposed and rejected regarding a student, will vary in light of the particular circumstances of each student evaluated for a possible special education placement. In addition, the IEP meeting's time, location, and participants will vary.

One of the most frequently voiced complaints of parent advocates concerning the requirement to provide written notice is the impersonal nature of this method. Form letters accentuate this weakness.

In order to be most effective in laying the groundwork for future cooperative planning, written notices should:

1. Emphasize individual strengths.
2. Be written in clear, precise language.
3. Avoid educational jargon.
4. Include all legal requirements.

In order to prepare parents for their role in the IEP conference, the school might include with the written notice a list of questions for the parent to consider before attending the conference. These questions should relate to concerns such as student behavior, peer relationships, parental expectations of the student and the school, and perceived academic needs of the student. Such a procedure assists the parent in understanding the purpose of the conference. Further, the opportunity to consider questions beforehand can promote self confidence and active participation in the IEP meeting.

If the school cannot arrange a mutually convenient time for the IEP meeting, other methods may be used to elicit parental involvement, such as individual or conference telephone calls.

In the event that the school cannot enlist the support of the parents in the development of the IEP, the meeting may be conducted without the parent. The school must, however, document attempts to contact parents by phone, letter, home visit, or visit to the parents' place of employment and the results of such attempts. For the purpose of documentation, the school should develop a form on which all unsuccessful efforts to involve parents are recorded. Copies of correspondence with parents should be attached to this record and placed in the student's file. When the IEP is developed, a copy should be sent to the parent.

Initial Conference Proceedings

Because the concept of the IEP conference is new, not only to parents but to educators as well, these meetings frequently tend to be conducted as though all members present are thoroughly familiar with educational jargon and procedures. Considering the interdisciplinary nature of the IEP team, it is necessary that the conference be conducted in language that can be understood by all members and that a clear explanation be given of each item discussed.

Before the IEP meeting is held, one of the members, perhaps the local agency representative, should be appointed to guide the conference discussion. This person may be responsible for (a) directing questions to parents, (b) directing discussion to specific subjects, and (c) requesting clarification of statements made. The chairperson of the conference should assume responsibility for making introductions and identifying the roles and responsibilities of each member present. This enables the parent and other committee members to recognize from the outset the contribution that each member is expected to make. Name tags may be especially useful if there are several members on the committee who do not know each other.

Once introductions have been made, the purpose of the meeting and the agenda should be reviewed. It should not be assumed that the preconference information provided to parents and other committee members sufficiently explains the purpose and required components of the IEP. Any questions regarding the purpose of the meeting should be answered at this time.

It is helpful to have copies of the meeting agenda for each committee member so that the framework and scope of the meeting is known. The agenda should indicate topics to be discussed, approximate time frame for discussing each topic, and the person who will lead the discussion on each topic. Such structure enables the committee to work within specified time lines and provides direction for conference proceedings.

Quite frequently either the parent or other committee members will have constraints on the length of time they are able to meet. The agenda should be carefully planned so that these constraints are taken into consideration. It may be necessary to plan more than one meeting to cover all agenda items.

During the initial conference proceedings, the parents should be informed of their rights by the chairperson of the IEP committee. These rights should be explained in terms that are understandable to all committee members, and questions regarding parental rights should be answered before the conference proceeds. A written copy of parent rights might also be provided to the parent at this point in the committee meeting.

Interpretation of Evaluation Results

At least one member of the IEP committee should be knowledgeable in the interpretation of evaluation results. Such interpretation should be as free of jargon as possible and should be explained in behavioral terms to all committee members. If technical terms must be used in the explanation of test results, they should be defined. A copy of the evaluation report should be made available to all committee members, including the parents, so that questions concerning specific aspects of the report may be raised and resolved.

It is preferable to identify and explain the classification of the student. Public Law 94—142 requires that students be classified in terms of handicapping conditions; however, in conferences observed by the authors, there has been little or no discussion concerning the specific nature of the student's handicap at the IEP meeting. While discussion of classification is a difficult issue to address, such discussion and classification is necessary to provide parents with the full interpretation of evaluation results. It should be remembered that parents do have access to all educational records. While it is important to clearly define and explain the student's handicap, the student's strengths should also be emphasized so that the interpretation of evaluation results becomes more than a list of weaknesses.

Development of Curriculum of the IEP

The curriculum portion of the IEP is defined in this paper as the specification of current performance level, annual goals, instructional objectives, and the evaluation procedures that will be used to determine if the student has mastered the objectives.

A significant amount of time can be saved if tentative curriculum data can be developed by the teacher and/or other committee members before the actual IEP meeting occurs. This information should be in rough draft form so that appropriate changes can be made in light of the suggestions of all committee members when the total committee meets to finalize the IEP. Methods of organizing IEP development are varied. Some alternatives include the following:

1. Division of responsibility for drafting portions of the IEP among committee members before the IEP meeting.
2. Total school committee drafting of the plan before the IEP meeting with the parent.
3. Total committee development of the IEP at the IEP meeting.

It should be noted that drafting of a plan before the IEP meeting does not constitute the IEP. This method simply allows an opportunity for recording ideas beforehand to provide a basis for decision making when the IEP meeting takes place. All members should participate in developing and approving the IEP which will serve as an instructional plan for the student.

To insure that all committee members have the opportunity to participate effectively in the discussion concerning the IEP, a copy of any draft material should be available to all participants at the conference. Thus, when the plan is approved and implemented, all members will have had the opportunity carefully to review and comment on each component.

The IEP must not be a document based entirely on the school's perception of student needs. The individual needs and concerns of parents regarding their child must be considered and included in the document. If parents play an active part in formulating the IEP, it is likely that they will also assume greater responsibility for its effective implementation. Sensitivity to the fact that parents are a valuable member of the IEP team can enhance cooperative planning and result in closer communication between the parents and school personnel.

Placement Decision

When consensus is reached on the current level of performance, goals, objectives, and methods of evaluation by all committee members, an appropriate placement for the student must be determined. All alternative placement options should be presented to the committee to select the ones most appropriate and least restrictive to the needs of the student. To explain the concept of least restrictive placement to the parents of the student, the cascade of services model (Deno, 1970) may be used to provide a visual representation of the concept. Such a procedure enables all committee members to view placement selection in terms of where along the continuum the student's needs may best be served.

Related services necessary to implement the IEP should be determined in regard to the specified needs of the student. Related services encompass a broad range of possible options; thus, it may be helpful to have a written list including all options from which the committee may choose services appropriate to the needs of the student. The concept of related services, like the concept of least restriction, may not be immediately understood by all members present. If a written list of such services is available, members could be provided with examples to clarify the meaning of the concept.

In some situations there will be unavoidable disagreement between the parent and the school. Committee members should be encouraged to settle differences within the committee if possible. In situations in which consensus cannot be reached, committee members should work through the agency's administrative procedures for resolving conflicts prior to requesting a due process hearing. Some school systems have set up an administrative board within the school that is responsible for arbitrating and attempting to settle disagreements before a hearing becomes necessary. This procedure may save valuable time and ill feeling on the part of the parents and school by providing an intermediate mechanism by which disagreements can be resolved between the parties involved. If the parties are not satisfied by the administrative board's decision, they should be clearly informed of procedures to follow in initiating a due process hearing.

Conclusion of the Meeting

When the meeting's purpose has been accomplished, the chairperson should summarize what has transpired during the meeting including decisions made, future actions, and persons responsible for each action. Reviewing the meeting helps to assure that all members present agree on and understand what the meeting accomplished and what should be done and by whom once the meeting ends. It is suggested that this summary be recorded in writing for future reference and copies be distributed to members or filed with the IEP.

The annual review procedure should be discussed and a date set for completing this task. Additionally, an assurance should be made that any need for change in the IEP prior to the annual review will result in the parents being notified and given an opportunity to participate in the revision.

Followup Between Home and School

Methods of contact between the parent and the school should be discussed before the meeting ends in order to establish the preferred method and frequency of contact. Some parents will prefer to be contacted by phone every month while others may prefer a scheduled conference once every three months. Educators should be sure parents know how to contact them. Some teachers prefer that the parent call the school while others would rather be called after school hours. In order to work cooperatively, honesty and openness between the school and the home is essential. Procedures should be negotiated so that all committee members' needs and preferences are considered.

Summary

Meaningful parental involvement in the IEP development and implementation cannot be assumed to occur in an incidental fashion. There are, however, systematic steps which educators and parents can take to build a strong foundation for shared decision making and effective communication. This article includes suggestions on some of these steps as related to the seven major aspects of the IEP committee meeting. Continued commitment to refining procedures for involving parents in the IEP process is a necessary ingredient in meeting both the letter and the spirit of Public Law 94–142.

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The priorities of the educational establishment and parents are frequently different. Although the thrust of Public Law 94–142 confirms the general concern that educators have for safeguarding the rights of individual children and families, educators must consider the impact that each individual decision has on the total system. An administrator must evaluate time, space, and budgets whenever a special program is suggested. Disregard of such priorities implies that sooner or later, usually sooner, the system will break down to a point where it can neither service the child for whom a special program has been delineated, nor others already receiving similar services. Additionally, like a pebble in water, each administrative decision has a ripple effect on all the other components in the system.

A second matter of concern to the administrator is the fit between the child and the program, which is not the same as saying that, just because a program is known to be good, it is necessarily suitable for the child in question. Parents, on the other hand, are committed to their children but not to the system. Their reaction is to want the best that the system has to offer, and they are not obligated to consider ripple effects, the demands of other parents, or the problems of the school.

The necessity of developing a plan that is feasible in administrative terms, and acceptable to the parent, creates tension between the parties involved. We require machinery that will lead to negotiation, and the IEP conference itself may come too late since all parties may already have preconceived notions of what is good or bad for the child. From the point of view of information and feedback, it is infinitely more reasonable that parents and school personnel face each other to consider data rather than formulated plans.

Teachers are often located squarely in the middle. On the one hand, they share many parental concerns; have a reasonably intimate knowledge of the children's daily abilities; and are, by training and professional choice, committed to dealing with a small portion of the school universe—their own classes. Teachers can readily become advocates of the children and allies with the parents. On the other hand, the teacher must manage a system that extends beyond the individual child. In a day that contains a finite number of working hours and a finite amount of energy, each relationship with one child limits the amount of time left for others. Perhaps the most common statement heard from the classroom teacher when reviewing the demands of working with exceptional children is, "I could do that if I were only working with X, but I have other children in my class." Thus, the teacher is caught between the demands of child advocacy and classroom management.

In addition to considering differing priorities, it is important also to consider the implications of training when deciding on appropriate programs. Obviously, the hierarchical structure of school systems usually supposes that an individual has had more profound and longer training as he or she goes up the administrative ladder. While most specialists may not have as wide a range of classroom experience as the teacher, they certainly have received extensive training in their areas of expertise. For most parents, however, the differences in training or background are even more critical than those that exist among the various education professionals. In functional terms, this means that some of the individuals who by law must be included in the IEP conference may not have the tools necessary to place the diagnostic data in perspective. It is our understanding, however, that the intent of the legislation is not to identify some of the participants as junior partners. We must recognizg that if certain kinds of data place particular types of individuals at a disadvantage in the analytic structure, then we must make it possible for those individuals to understand the data. The issue is clarified by Boston (1977) in describing the reaction of midwestern educators to the participation of parents in the development of the IEP:

> While endorsing the notion that parental involvement in the evaluation process was right and necessary, educators strongly endorsed the notion that the development of the IEP was properly an educational venture which should have been done by professionals only. Here, they said, parents had no business. (p. 35)

Shades of yesteryear! It should be obvious that the thrust of Public Law 94–142 is to avoid the assumption that only professionals can articulate programs that are central to the lives of families.

In selecting priorities to solve both long and short range objectives, the various participants will not start from the same point. For the specialists, objectives are frequently focused on the area of greatest deficit; for the administrator, on those programs that represent the least strain on the system while still offering adequate service; for the teacher, on bringing the child into the "rest of the class"; for the parent, on those elements of education which have traditional social or economic value. When one examines the various points of departure, it is remarkable how frequently we are able to offer valid services to children, and it speaks well for the commitment and ethics of the individuals involved. Nevertheless, the problem of different priorities still exists.

How then do we develop machinery to bring together the various concerns of the participants, deemphasize differential training where it is not germane to decision making, and bring into harmony multiple objectives? We would submit that there are three criteria that must be met in order to resolve these problems. First, all of the participants must have an opportunity to review a common pool of data. Second, those data must be reviewed together by parent and teacher. Third, and most important, the data should result directly from the child's actions while functioning in school. Those adults who will affect that child's educational fate should be allowed to view the child in action. It is our feeling that many of the tensions that have sprung up in the past between the various participants have resulted from the fact that they could not share common observations and, therefore, could not exchange analysis and priorities.

The Fail Safe Demonstration Planning System

We have used the system that follows in developing assessment and planning protocols for children in both inner city and suburban schools in the Washington, D.C., and Maryland school systems over the last five years. The target populations have been children identified by the schools as learning disabled, reading disabled, emotionally disturbed, educable mentally retarded, and so forth.

General Principles

We have used the following guidelines in developing education plans similar to IEP's:

1. All the members of the diagnostic team, including the parents, teacher, and the child, participate in the session.
2. The child carries out a series of tasks derived from the school curriculum. These tasks include language arts and reading tasks (except at early childhood levels), ciphering and arithmetic tasks, general attribute and logic tasks, and orientation and tracking exercises.
3. The emphasis of the instruction is on the child's problem solving strategies, and the ways that adults can help the child arrive at a successful conclusion.
4. All statements are oriented to how the child may best be taught, and not to what he does not know.
5. The session is carried out by a "third party," so that parents, the teacher, and other members of the diagnostic team may

share their views of the interaction between the child and the adult.

6. The child and adult develop a feedback system that enables the child to recognize when the tasks have been successfully completed and when it is necessary to explore additional strategies.
7. Following the demonstration, each participant is asked to identify the problem solving strategies that seemed most effective.
8. Each participant is asked to identify types of cues which, when used by the adults, seemed most helpful in either bringing the child to a successful conclusion or helping the child take risks when confronting a difficult task. Frequently each team member selects different strategies. This is especially true for parents and teachers. Theoretically, we frequently select those strategies that not only help the child succeed, but also characterize our own teaching styles.
9. Each participant identifies long and short range priorities in both academic and behavioral areas. Where the priorities of the various adults differ, the planning procedures allow for either on the spot negotiations to bring the priorities into agreement with others, or to elicit support from the adults for each other's priorities. This is particularly important for parents and teachers whose priorities frequently differ. We have found that while teachers tend to identify sequential priorities, moving the child from one learning plateau to the next, parents tend to identify repetitive priorities desiring consistent behaviors over time (i.e., "I would like to see him do his homework each school night" or "I would like to see her clean her room at least once a week."). When adults do not have to fight for their priorities, but can fit them into the perspective of the child's observed behaviors, it is easier to cooperate.
10. A program is developed based on parent and teacher priorities, and learning objectives are written according to the child's strongest problem solving capabilities.

In essence, this model has already included most of the characteristics of an IEP. The child has been identified by some school or system mechanism; diagnostic and normed data have been developed through standard testing; the child has been involved through his or her own success oriented, problem solving behavior. Parent, teacher, and specialist, where appropriate, have all observed the child's problem solving activities at the same time; each participant in the diagnostic team has been given an opportunity to analyze successful teaching strengths and to state programmatic or behavioral priorities; the participating team members have been given an opportunity to negotiate differential priorities; a plan has been developed that carries long and short range objectives, identifies specific tasks, materials, and resources, and includes a time bound framework. In many cases, the school administrator is present at this session and therefore can comment on the feasibility of the program as far as resource availability is concerned. Where the administrator is not present, the results of the session can be reported back and availability review can take place.

Strategies and Cues

The strategies and cues by which the adult will help the child successfully complete a task have been carefully worked out. Although the tasks vary according to school level and the child's particular handicapping condition, the strategies are generic and applicable in any teaching situation. As a result, selection of particular strategies allows the planner to transfer from the observed tasks to the new program selected by the diagnostic team.

The cues, like the strategies, are transferrable from task to task. Each succeeding cue represents an increase in complexity and in the amount of responsibility taken by the adult for the child's learning. Clearly, the more difficulty the child has with a task, the more complex becomes the input of the adult in helping the child move toward successful solution. The system delineates three specific steps:

1. How the child seems to learn best (i.e., strengths).
2. What areas are of concern in the child's school and home development (i.e., program and specific objectives).
3. What steps can be taken by the adults to help the child achieve desired outcomes (i.e., the *how* of teaching, in addition to the *what* and the *when*).

IEP Advantages

The model presented contains some direct advantages in developing an IEP, especially as concerns input from parent, teacher, and child. Since all of the members of a diagnostic team observe the same behavior, it is possible for each individual to follow the analysis and suggestions made by the others. While various professionals are free to invest their comments with the insights gained by their training, it is also possible for less trained but equally observant adults to comment on what they think worked best. The format allows specialists to point out implications of behavior without having to explain what the behavior was, since all share the same observations. In a very real sense, common observation of successful behavior helps adults arrive at a partnership in which the insight of each are of equal value and the background of each helps develop a more complete and sophisticated picture of the child's strengths and needs.

It is in the selection of priorities that this format has most to offer. All negotiation between team members can be carried out on the spot so that the final program represents a true consensus. Rather than presenting parents and teachers with a program that they either must approve or challenge, they, along with other participants, are partners in arriving at the program contract. Where disagreements do arise, the observations of the child lead to agreements or compromise.

Direct participation in program development and strategy selection increases the operational commitment of parents and teachers. We have found that programs developed out of this format have a high implementation rate and elicit positive feelings, rather than resentment, on the part of the school professionals and parents who are most heavily responsible for the output of the children.

Finally, the child is offered a direct role in the session. Although Public Law 94–142 mandates the inclusion of the child, where appropriate, the language is not specific concerning the nature of the participation. While it is desirable that children participate in decisions concerning their own fate, it is also possible that sessions in which they hear a recitation of their problems and the specific procedures through which they must pass, could be counterproductive. We professionals have created dozens of magic words to take the sting out of identifying educationally handicapped children. The children, however, are frequently more direct and perhaps even wiser in their understanding of their own placement. In the format we have sugested, the child's involvement leads to success at tasks that are pegged beyond the current demands of the child's grade. Not only that, but the children are asked directly on completion of each task, how they thought they arrived at its solution. Both their problem solving behavior and attendant explanations frequently serve as direct clues in setting up the *hows* of teaching. Their input is neither random nor accidental, operating within the same framework as that of the adults, namely, what did they and the adults do that led to success? Our own experience has been that children leave happy, feeling that their input had direct impact on the programs developed for their benefit.

Summary

Assessment systems added to the standard testing already done by schools must have some impact on administrative budgets and time and staff allocation. The mandated team nature of the IEP requires formats that necessitate the input of each participant. We feel that IEP's can be successfully planned when various adults share common observations, can negotiate priorities and become committed to the implementation, and when the child has direct involvement through systems that immediately demonstrate the possibility of success.

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IEP: Impatient Expectations of Parents

ELSIE D. HELSEL

For those of us who have struggled since the late 1940's for the educational rights of our children, the passage of Public Law 94–142 looked like the millenium had arrived in our lifetime!

Parents like myself took heart because of the new priority placed on the education of the severely handicapped. Not only would severely handicapped children no longer be excluded from school as "incapable of profiting from instruction," but the IEP seemed to guarantee that educational programs and curricula would be tailored to meet the needs of the children—not the other way around with children shaped to meet the needs of the curriculum.

As icing on the cake, parents were to be able to share what they knew from living with and observing their child 24 hours a day, 7 days a week, 52 weeks a year. Vital information such as what motivates the child, what interests the child, and what reinforcers work best was to be shared with teachers and others planning the IEP for the child.

Parents were going to be involved in setting goals and objectives so that the goals would not be unrealistic. What is more important, parents would know what the goals and objectives were, so they could follow through with the educational programing at home.

Most important, parents thought their opinions and their suggestions would be solicited, considered, and incorporated into the programs. Parents thought they would be accepted as full members of the team.

Alas, it was not to be—at least, not yet, in most places.

Parents and parent advocacy agencies are seeing a lot of foot dragging on the part of schools. We are seeing divisions of special education trying to weasel out of compliance with the regulations until the last possible date. We are watching administrators of state programs lobby to remove regulations that would provide quality comprehensive programs. Parents are reporting that they are not being involved in any meaningful way, that the quality of the programs prescribed for their children is less than optimal, and that the support services their children need are nonexistent.

Public Law 94–142 looks so good on paper. It sounds so good when Washington folks talk or write about it. And, indeed, there may be islands of excellence where everything is ginger-peachy great.

But let us talk about what is really happening out there at the grass roots level with parents, especially in the small cities and the rural areas. What we are seeing doesn't bear much resemblance to what we were led to expect.

Recently we did a small survey with 75 parents and 10 teachers in rural Southeastern Ohio to see what was really happening. This is what we found:

Over 80% of the parents had indeed heard about the right to education and individualized education program planning. However, only two-thirds had been consulted about their child's IEP. A little more than half had been asked to be present when the program was drawn up. Less than half had signed off on their children's IEP's, and less than half knew what to do if they were dissatisfied with the program. Almost none of the parents were told that the plan was to be reevaluated annually.

We found that, with the exception of two school districts, most teachers had not completed their IEP's. Most felt their IEP's were "pro forma" pieces of paper that were not very helpful in formulating a program for the child. None of the teachers had had inservice training on what a quality IEP should be. For the most part, teachers had had no help in developing their IEP's and had to do the job themselves. A multidisciplinary team simply was not available to help them. Teachers have had no released time and no extra help either to do the assessments needed for writing objectives for the IEP or for going to children's homes to get sign-offs.

School psychologists and principals are overwhelmed at the enormity of the task and the paperwork involved. Superintendents are more concerned with other problems like school finances and how to keep their schools open during the full school year.

Teachers and school administrators told us that they feel there has not been enough "gear up" time. There has not been enough inservice training. The definitions are not clear enough. There is not enough money and not enough staff to do the job adequately. There are not enough appropriate units for the children once they have been identified. Attaching labels to the units causes hesitation and reluctance on the part of the parents to accept placement. Getting a committee together to formulate the IEP's has been difficult.

All in all, this does not add up to a quality education for handicapped children and integration of the children into the regular school system.

From the Parent's Point of View

What are some of the problems that seem to be getting in the way of fully involving parents in the IEP process?

Traditional Antagonism of Schools and Parents

A recent issue of *Phi Delta Kappan*, a journal for educational professionals, contained an article by Roper (1977) entitled, "Parents as the Natural Enemy of the School System." The article reports that public school personnel in America take a jaundiced view of parents' motives and concerns with the schools. Middle class parents have been criticized for encouraging high achievement and ambition in their children. Low income parents have been criticized for sloth, negligence, and a lack of interest in educational advancement for their children.

Educators have been arrogant, viewing parents as serving only two purposes for the schools: (1) production of the clientele, and (2) paying for the system.

This same issue of the *Phi Delta Kappan* had a companion article, "Parents and Educators: Natural Allies" (Cronin, 1977). This article was supposed to counterbalance the view of parents as natural enemies of the schools. His arguments were revealing as he tried to make the point that American educators encourage parental involvement. He said, "The rest of the world marvels at the way American schools actually welcome parental visits, organize parent/teacher associations, and often schedule parent conferences."

This is condescending tokenism at its best; at its worst, it is downright insulting to feel that this is how school personnel perceive parental involvement in schools.

With these attitudes of professional educators, it is little wonder that parents are not being welcomed on IEP drafting teams.

Several recommendations in alleviating parent-school antagonism follow. Time, money, and effort must be directed toward attitudinal change on the part of school personnel regarding parents.

A new book entitled *Parents Speak Out: The View From the Other Side of the Mirror* (Turnbull & Turnbull, 1978), is written by professionals who are also parents. This book not only relates the experiences that parents who are professionals have had with other professionals, but reveals how they, as parents, felt about what had happened to them.

They found a great deal of arrogance, intellectual snobbery, and superiority among professionals. I know this is true because I direct a Center for Human Development that contains a clinical assessment and IEP prescription team. This team uses the transdisciplinary strategy in which parents are involved every step of the way. The transdisciplinary approach quickly identifies professional pontificators who wear their MD's, PhD's, RPT's, ACSW's, like halos.

Fortunately, in the transdisciplinary approach, this kind of person does not survive long. He either shapes up or ships out.

Parents' Contributions to IEP's

A second problem from the parents' point of view is that parents are not seen as having anything helpful to contribute to the IEP. At this point, we might add to that list from *Phi Delta Kappan* that what the parents have to contribute is not only to produce the clientele and pay for the system, but also to sign off on the IEP!

Parents themselves do not always know what they can contribute to the assessment and IEP team. It takes a skillful professional team to elicit this information from parents, who need training in speaking up in professional groups.

Certainly, some funding and priority emphasis for training parents is needed. They need to know not only what their rights and responsibilities are under Public Law 94–142, but also what an IEP is, how to observe their child so they can bring meaningful information to the IEP conference, and how to handle themselves in a professional team conference.

Parents' Knowledge and Skills

A third area of concern is that parents do not have the knowledge and skills for exercising their rights in a reasonable manner. Even when they know what rights they have under the new legislation, they do not know how to register a complaint or the sequence of appeals available to them. They try to enter the due process sequence at the top rather than to try lower levels of negotiation first. They do not know the advocacy resources that are already available to assist them—both informal and formal, inside and outside the system. In the past, the Parent-Teacher Associations have not been aggressive advocacy groups for parents of handicapped children. Most parents do not know that the Developmental Disabilities Councils and the Governors' Special Education Advisory Councils in their states are advocacy groups to whom they can turn. They do not know how to use resources such as their state representatives, their congressmen, their senators, and legal rights services.

First of all, there is a great need for information workshops for parents to give them information concerning their rights and concerning the systems within their states that have services for handicapped children. In addition, they need training in interpersonal relations and how to handle themselves in an adversary situation.

Some Parents' Lack of Involvement

Lastly, in looking at the problems with parents, some parents are simply not motivated to get involved. Those at the more affluent levels of our society are either too busy to get involved or feel that education is the school's job, not theirs. Parents with limited incomes and limited education feel inadequate to the task. Minority groups simply feel uncomfortable with the whole process.

Schools are partly to blame for fostering the impression that they know everything about how to educate children and that they really do not need or want the help of parents. If parents are to become meaningfully involved, schools will have to do a better public relations job with parents than they have done in the past.

In addition, it is not fair to single out the low income parents as not being interested in their children. It is true that, at least in our part of the country, they do not always turn up for Parent-Teacher Association meetings and parent conferences. However, most of them are just too tired from trying to cope with the problems of survival to have much energy left to devote to anything else.

Schools need to develop outreach programs. They need to go out into the homes and the neighborhoods. They need to offer babysitting stipends and pay expenses for low income parents so they can come to school meetings. They also need to arrange transportation.

A Successful Parent-IEP Relationship

I should like to share with you a brief description of a program and a process that does involve parents in a meaningful way in the IEP process.

At the Ohio University Affiliated Center for Human Development, a staff member contacts the parent as soon as a referral is made. The social case worker goes to the school or to the home, wherever the referral came from, and meets with the parent and the school personnel to plan the assessment. The social worker makes a home visit in order to secure a social and medical history. At this point, the parent signs release forms for any records.

The medical records are reviewed by the medical director of the center, and a determination is made whether any additional medical information is needed. If not, the child and the parents are scheduled for an assessment.

Not all children are seen by every specialist at the center. However, the staff includes psychologists, physical therapists, occupational therapists, communications specialists, behavior management specialists, nurses, social workers, and family counselors.

The family comes with the child and observes the child's evaluation from a room with a two way mirror. One member of the assessment team stays with the family at all times in order to answer questions and to handle any problems that may arise.

Staffing is done that day at the end of the evaluation. Parents participate in the staffing. The teacher and/or psychologist comes from the school to participate in the staffing.

An initial IEP is drawn up, and an initial placement is recommended. If the school personnel so desire, and the parent approves of the IEP as drafted, the parents sign off.

Depending on the child's major problem area needing attention at the time, the team selects a program facilitator who will be the team trainer and the team representative at the school. Within the week, the assessment team members write up their reports, their recommendations to the facilitator, and their instructions.

The program facilitator then goes to the school or the home, wherever the primary programer is, and works with the person who will be responsible for implementing the IEP. If this is the teacher, the team facilitator instructs the teacher in all the elements of the IEP with which the teacher needs help. The program facilitator observes and assists the teacher during the initial implementation until the teacher feels comfortable about handling the program herself. At this point, the facilitator withdraws to a consultant-supervisory role.

When the IEP requires interventions that can only be done by a licensed specialist, these are arranged for either through the school or through the center. When the teacher needs help or the program needs to be reevaluated or changed, the teacher calls on the program facilitator. When the program facilitator needs help, he or she calls on the back up center team.

Parents are told about their due process rights in the event they are not satisfied with the IEP, the proposed placement of the child or, later on, with the implementation of the IEP. They are encouraged to call the center at any time if they have questions.

Most parents find these experiences helpful. They get a lot of straightforward information and answers to their questions. They leave the center feeling they have an advocate base, if necessary.

However, some parents, especially those who are learning for the first time that their child is seriously handicapped, have problems. The center staff person who is sitting with the family during the evaluation is sensitive to the parents' needs. If the staff person feels the parent is having difficulty handling the information, the family counselor is called in.

For example, a young couple with a mentally retarded, learning disabled child was watching the assessment of their child. Time after time, they observed the child failing to perform on items at the child's age level. This couple had invented all kinds of excuses, blaming the school, rejecting the idea that there was anything seriously wrong with their child. No labels were used throughout the assessment, but the mother began to realize for the first time that this was not a problem that a little bit of tutoring or behavior managing was going to help. The occupational therapist sitting with her sensed that she was becoming distraught and brought in the family counselor. The parents were invited to have a cup of coffee with the counselor, and the parent counseling began on the spot. The mother has since signed off on the IEP. (No attempt was made to press her at the time of the assessment.) The family continues to come to the center for counseling. The child has been placed in a learning disability resource room with a highly structured program and with no attempt to begin academic learning.

The center will send an advocate with parents if the parents have problems with their children's school or with an agency that should be giving service: Supplemental Security Income Program for children or adults, the Women-Infant-Children nutrition program; Bureau of Crippled Children Services Division of Mental Retardation-Developmental Disabilities, Vocational Rehabilitation.

Conclusion

Under the present legislation, all parents have a right to this type of involvement and assistance with their child's IEP. However, just last fall, a workshop on the Section 504 regulations and Public Law 94–142 was offered by the center for parents. Of the 60 parents present, only one (and that was a center parent) had been permitted to watch the evaluation of her child and had sat with the team drafting the IEP. Although a representative from the intermediate school district spoke to the group and said that all parents in Southeastern Ohio had been offered information concerning their rights, IEP's, due process, and so forth, only a handful had come to the meetings. But the parents at the workshop insisted that such an opportunity had not been offered in their school districts.

Following the presentation by the intermediate school district representative, a volunteer mother from a statewide advocacy group, SPIN (Statewide Parent Information Network) addressed the group. The parents had not heard about that volunteer effort either, although the state group has made a massive effort to contact parents.

Although there is a lot of action in a few localities, in general, parents still are not well informed concerning their rights and their roles in the IEP process.

So there are still problems on both sides.

Summary

It does no good for all the pots to call the kettle black! School personnel, parents, voluntary agencies, and federal agencies serving the handicapped need to take another look at the situation as it really is and plan accordingly.

School personnel need more training concerning the Section 504 regulations and the regulations for Public Law 94–142. They do not even understand the difference between a multifactored and a multidisciplinary evaluation. They do not really know what a quality IEP is for all levels of children. They do not understand what involvement parents should have or how to motivate and train parents so that they can become contributing participants.

Finally, most people dealing with parents have had no training in adult education, and their best efforts fall short because they try to train parents as they train children.

Parents need access to accurate knowledge concerning what is and what is not due them and their children. They need information concerning what the law really says. They need instruction in how to exercise their rights reasonably and not jump into lawsuits instead. They need help with finding resources available to help their children—even professionals do not know all the resources that are available. And, finally, parents need advocacy help at all levels from self advocacy through volunteer advocacy, systems advocacy, and legal advocacy.

Voluntary agencies serving parents as advocates also need additional in-depth knowledge regarding the Section 504 regulations, Public Law 94–142, and the IEP's. Strange as it seems, they also need to know more about local, state, and federal resources serving the handicapped. Our present voluntary agencies need help in reaching out to parents, motivating them to participate in the IEP, and instructing them on how to participate. They need help in dealing with the noncooperative parent, the rural parent, the poor parent, the minority parent. These agencies also need instruction in adult education so that they can transmit the information that they have.

Finally, federal agencies serving the handicapped have a lot to learn. I sometimes feel that no one should write or implement laws dealing with education who has not taught or worked in a school system sometime within the past five years. Federal agencies need to give priority funding for model programs for instructing parents, not just the nice white or blue collar middle income urban parent, but also the poor, the rural, and the minority parent. Priority funding needs to be allotted for advocacy programing—both systems advocacy and personal advocacy. Although the Developmental Disabilities Act has set aside money for a protective and advocacy system for that group, other groups of children need a similar system.

Federal agencies also need to take another look at how they are writing and interpreting the regulations and guidelines for laws. They need to be simplified so that parents, teachers, school principals, school superintendents, advocacy groups, and state departments, can understand them.

Finally, parents hold the key to making the reality of Public Law 94–142 equal to the promise. They can have an impact on the federal bureaucracy through their senators and congressmen, on the state departments of education through their governors and elected representatives, and on their local school systems through their local school boards.

If parents will learn to use advocacy in a responsible way, they can, at long last, assure that all our children—even our most severely handicapped children—can achieve their basic right to an education.

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SECTION 2: Inservice and Preservice Preparation

IEP: A Design for Inservice Training

MARY MALE

What better way to introduce early childhood educators to the *individualized* component of the process of writing IEP's than by providing training in an individualized instructional setting? If individualized instruction is a major function of the IEP, then traditional inservice training techniques—which are teacher centered, group oriented, and inflexible with regard to learning rate, learning teaching style, classroom environment, and instructional content—are clearly out of place.

In this instructional setting, there are two concept sets that have been specified in individualized education programing for early childhood. They are the total service plan and the implementation plan. Within these two concept sets, the following concepts have been specified: present levels of performance, long range goals, annual objectives, placement, services, evaluation, short term objectives, instructional strategies, materials and equipment, and continuous progress checks.

The training design described here encourages variation in the instructional setting by the following components:

- A self checking pretest for participants on how to develop an IEP for children in early childhood programs.
- Learning centers to accommodate different learning styles.
    1. *Self instruction center.* A tape and packet of visuals corresponding to each IEP component are provided at a center equipped with tape recorders and earphones. This center provides an introduction to IEP concepts and some samples.
    2. *Reading center.* The latest and best references from journals or books are reproduced and placed in folders that are color coded and numbered to correspond to IEP components. This is an additional opportunity to introduce participants to IEP concepts.
    3. *Game center.* Six games have been developed on individual IEP components or groups of components. They offer participants a chance to apply IEP concepts to concrete situations as well as to interact with other participants.
    4. *Problem solving center.* Two sets of self checking, problem solving exercises (total service plan and individual implementation plan) offer additional practice in applying concepts and interacting informally. Participants also practice writing an IEP and compare theirs with a completed sample.
- A posttest in which participants are asked to compare their current practices in each IEP component to those described in the self instruction center and discuss problems, possible solutions, and alternatives. The trainer offers feedback and can encourage discussion among participants at the posttest center.
- Opportunities for participants to interact with the trainer by signing up for an individual conference, having their posttests checked, or sitting in the help center.

Participants use the centers at their own rate. Not only do they choose which center they wish to work in, but they can also target specific IEP concepts on which they feel they need work (based on their pretest). Some participants may wish to stay in one center to work on all of the concepts, especially after they have been to the self instruction or reading center as an introduction. The trainer can ask the participants to turn in the problem solving exercises and can evaluate the participants' performance on the posttest to target followup activities for further skill acquisition. The trainer can also reproduce handouts for the participants to take from the centers for continued study.

Questions from the pretest are listed in Figure 1. Participants check their answers and note IEP components that seem to be most difficult for them.

Directions for the reading center, the coding system, and a sample bibliography from one IEP component are presented in Figures 2, 3, and 4.

Rules for one of the games, Old Turkey, are included in Figure 5 along with sample cards. In this game, participants practice using well stated objectives.

Items from both sets of problem solving exercises are illustrated in Figure 6. The culmination of the exercise on the total service plan is the actual writing of a plan based on a sample assessment summary. The exercise on the individual implementation plan requires participants to use the total service plan to develop an actual plan of their own. Sample plans are presented in Figures 7 and 8.

Pretest: IEP—Early Childhood

1. What is an IEP?

2. List the steps in the instructional programing process.

3. What are the purposes of using a team approach in the IEP process?

4. What are the differences between the total service plan and the individual implementation plan?

5. List the 5 skill areas in which the student's present level of educational performance should be stated on the IEP:

a)

b)

c)

d)

e)

6. Which of the following are long term goals?
a __ will receive physical therapy
b __ will increase receptive and expressive language skills
c __ will be evaluated on visual discrimination skills
d __ will have hearing aid repaired
e __ will go upstairs, alternating feet, and using handrail
f __ need for strong program of academic stimulation
g __ feed self using spoon
h __ participate voluntarily in group activities
Critique those statements you felt were *not* goals by selecting one of the following:

Figure 1. The pretest on IEP's for early childhood.

Continued on next page

Figure 1 continued

1) statement of service to be provided by teacher or therapist, not an achievement goal for the child
2) statement too broad; no description of what is expected from the child

Item	Critique
a	1
___	___
___	___
___	___

7. Which of the following are well-stated objectives?

a) ___ design a social learning environment where Liz is an ongoing part of the program.
b) ___ by May, 1977, Sam will roll a ball to an adult in imitation 3 of 3 trials.
c) ___ by May, 1977, Suzie will pay attention to the teacher.
d) ___ given 5 blocks, Sara will build a tower without assistance on at least 5 trials by June, 1977.
e) ___ Stan will continue therapy twice a week.
f) ___ Sandy will sit still and not bother others.
g) ___ when asked, Sadie will point to the following with 100% accuracy by May, 1977: ball, blanket, cookie, teddy.

List the items you did not feel were objectives and critique them by selecting one of the following:

Item	Critique	
___	___	1) objective for the teacher; not a behavior the child will demonstrate
___	___	2) does not contain one or more of the essential components of an objective
___	___	3) statement is broad; behavior is not specific and is impossible to measure.

8. What are some factors to consider in deciding what placement is appropriate for an individual student?

9. What are the key questions to ask at the annual review?

Reading Center Directions

Look for the concept you want to work on (i.e. Present Levels of Performance). The right-hand column lists the number and color of the folder of readings for that concept. The pages of bibliographic information list the source document for each reading. Choose the reading you wish. When finished, return the reading to its place.

Figure 2. Directions for the reading center.

Total Service Plan

Present Levels of Performance	Red 1,2,3,4,5,6,7,8
Long Range Goals	Orange 1,2
Objectives	Green 1,2,3
Placement	Yellow 1,2,3,4,5,6,7
Services	Blue 1,2,3,4,5,6
Evaluation	Tan 1,2,3

Figure 3. The coding system used to file references.

Present Levels of Performance

1. Ellis, N.E. and Cross, L. *Planning programs for early education of the handicapped.* New York: Walker and Company, 1977.
2. *Functions of the placement committee in special education: A resource manual.* Washington, D.C.: National Association of State Directors of Special Education (1201 Sixteenth St., NW, Washington, D.C. 20036), 1976.
3. Haring, N. Infant identification. In M. Thomas. *Hey don't forget about me! Education's investment in the severely, profoundly, and multiply handicapped.* Reston, VA: The Council for Exceptional Children, 1977.
4. Jordan, J., Hayden, A., Karnes, M., and Wood, N. *Early childhood education for exceptional children.* Reston, VA: The Council for Exceptional Children, 1977.
5. Pasanella, A. and Volkmor, C. *Coming back or never leaving: Instructional programming for handicapped students in the mainstream.* Columbus, Ohio: Charles E. Merrill Publishing Co., 1977.
6. Shearer, D. et al. *Portage guide to early education.* Portage, WI: Portage Project, CESA 12, P.O. Box 564, Portage, WI 53901, 1976.
7. Quick, A. et al. Project MEMPHIS: *Enhancing developmental progress in preschool exceptional children.* Belmont, CA: Lear Siegler, 1974.
8. Moore, C. (Ed.) *Preschool programs for handicapped children.* Eugene, OR: Northwest Regional Resource Center, N. D.

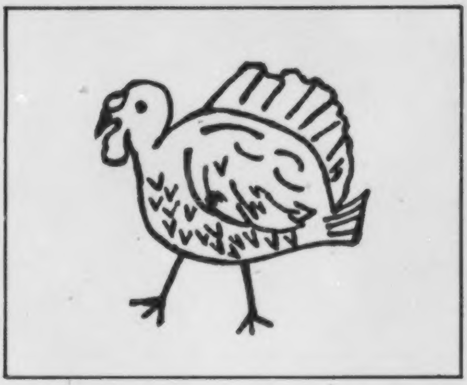
Figure 4. A sample bibliography.

"Old Turkey" Rules

Number of Players: Three to Six

Object of Game: To discard all of your cards and make the largest number of books without becoming the Old Turkey.

1. Dealer shuffles the cards.
2. The dealer distributes six cards (turkey-side up) to each player.
3. The remainder of the cards are placed in a pile in the middle.
4. Each player attempts to organize hand into books. (A complete book consists of a date of accomplishment: By June; a terminal *behavior:* count to 20; *conditions:* by rote; *criteria:* 100% accuracy in 5 trails.)
5. If any player has a book, that player shows the book to the other players and places the book on the table. If a player challenges the book, the players check the answer key. If the cards are not a book, the player returns the cards to his/her hand. If there is a pile of extra cards in the middle, the player draws three cards to replace the ones in his/her book.
6. The dealer begins play by selecting one card from the player's hand on his/her right.
7. The dealer checks his/her hand for new books. If the dealer has a book, the dealer follows the procedure in rule 5. If the dealer does not have a book, the next player on the dealer's left begins a turn.
8. The player on the dealer's left then draws a card from the dealer's hand and follows the same procedure.
9. Play continues around the table. Each player in turn selects a card from the player's hand on his/her right, organizes books, replenishes cards from the pile in the middle until it is depleted, and lets the next player select a card.
10. Play ends when a player runs out of all of his/her cards and there are no remaining cards in the middle.
11. The winner has the largest number of books. The loser has the card called Old Turkey.



By September 1

S will build

a tower of blocks

at least 5 blocks

Figure 5. Rules and sample cards for Old Turkey.

Problem Solving
Implementation Plan

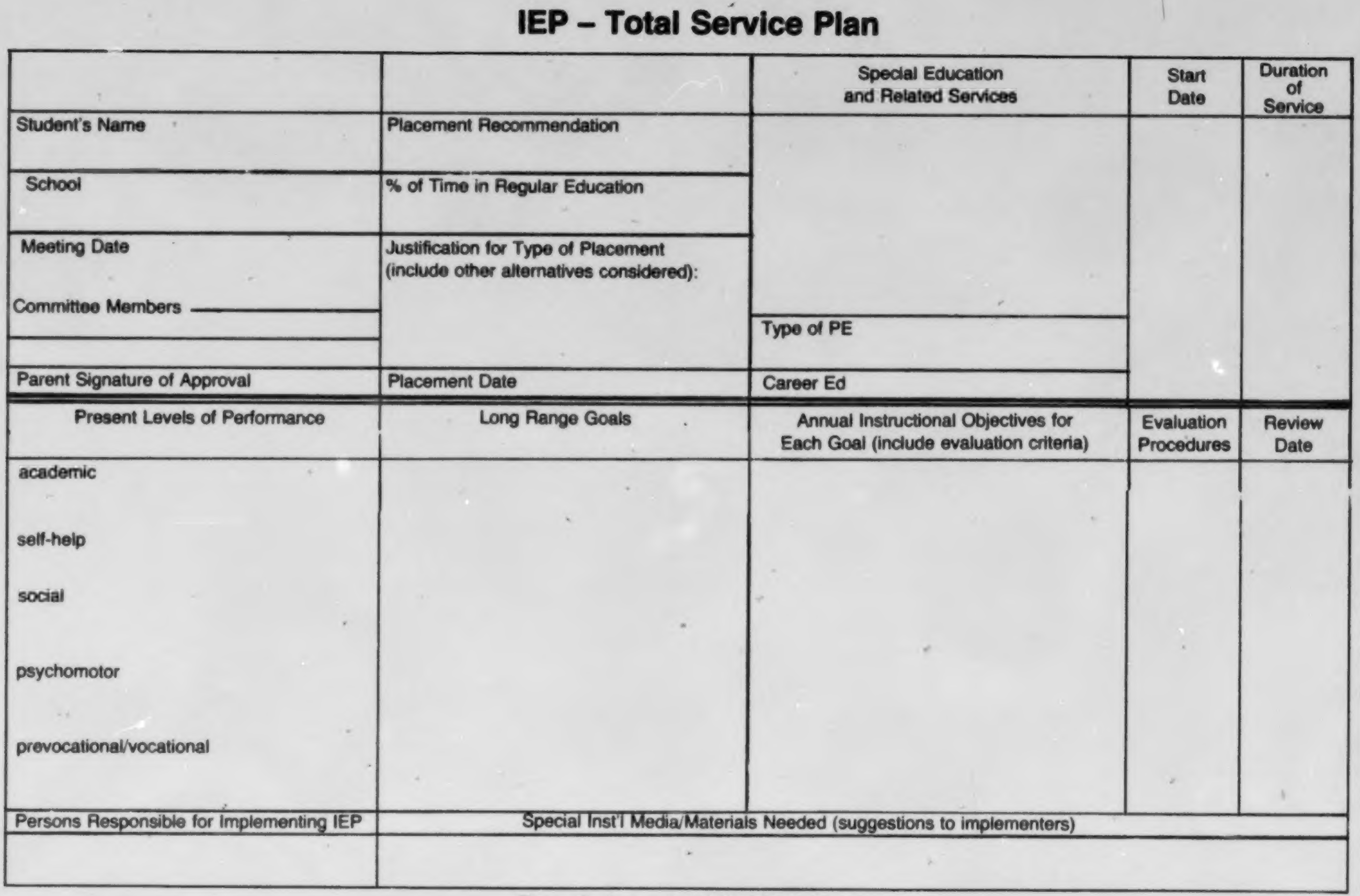
1. What is one advantage of sequencing curriculum areas independently of each other (as in Project MEMPHIS) and one advantage of cross-referencing curriculum areas (as in the Portage Project)?

2. Review the Total Service Plan for Frank. Using this information, complete an Implementation Plan for him and compare the types of information you provided with what Frank's teacher did.

Problem Solving
Total Service Plan

1. What are some important considerations in insuring that assessment is non-biased and "culturally appropriate"?
2. After reading the Bronfenbrenner article, respond to the following: A beginning teacher says her goals are simply to establish a trusting relationship with her children. She doesn't see the need to plan for each child or to have specific program goals. What would you say? Do you agree or disagree? What does the research cited by Bronfenbrenner support?
3. What are some considerations you should make when you are thinking of using a curriculum-assessment package such as those described in the narrative?
4. List three alternative program models for very young children or severely handicapped students. Describe the advantages of each.
5. What are the advantages of involving parents as teachers?
6. A teacher in Oceanside preschool uses the Alpern-Boll Development Scale for assessment and uses achievement of annual objectives as her evaluation method. She is unsure of this approach, however, and has asked you for suggestions. What would you say?
7. Look at the attached Assessment Summary for David. Work with one or two others to complete a Total Service Plan for him, then compare the results to the work done by David's IEP team. team.

Figure 6. Sample problem solving exercises.



IEP – Total Service Plan

		Special Education and Related Services	Start Date	Duration of Service
Student's Name	Placement Recommendation			
School	% of Time in Regular Education			
Meeting Date Committee Members ______	Justification for Type of Placement (include other alternatives considered):			
		Type of PE		
Parent Signature of Approval	Placement Date	Career Ed		
Present Levels of Performance	Long Range Goals	Annual Instructional Objectives for Each Goal (include evaluation criteria)	Evaluation Procedures	Review Date
academic self-help social psychomotor prevocational/vocational				
Persons Responsible for Implementing IEP	Special Inst'l Media/Materials Needed (suggestions to implementers)			

Figure 7. A sample total service plan.

Implementation Plan For

____
Student's Name

Short-Term Objectives (Sequence of Learning Steps For Annual Objective ____________)	Person Responsible	Instuctional Strategies/ Techniques	Materials/Resources	Start Date	Measure of Student Progress	Date

Figure 8. A sample implementation plan.

In summary, the philosophy behind the IEP supports inservice training that models individualized instruction rather than traditional instructional practices. If teachers are expected to change and individualize their teaching practices, it seems reasonable that inservice training practices may have to be changed as well. This design is offered as an example in an effort to model successful IEP practices.

MARY MALE *is Senior Program Manager, California Regional Resource Center, Los Angeles.*

IEP Training in a Large Urban School System

B. J. LATES

The Boston Public Schools–Simmons College Generic Teacher Inservice Training Program is a collaborative training effort initiated in 1975. The generic teacher is a new special educator who is skilled in providing support and training to regular classroom teachers in individualizing instruction for special needs learners within the regular classroom setting. Boston resource room teachers and core evaluation team leaders enroll in a 24 credit hour, competency based program to be approved as generic teachers. In Boston, the resource room teacher serves special needs learners for up to a maximum of 60% of the learner's school day. The core evaluation team leader, designated by the principal, coordinates and manages the referral, assessment, planning, and evaluation processes for special needs learners. The generic resource room teacher's goal is to provide learner movement to less restrictive environments through consultation and training activities with the regular classroom teacher. The generic core evaluation team leader provides support and training to the classroom teacher so that mildly impaired learners can be effectively served within the regular classroom setting.

A Competency Based Model

Generic teachers are trained to provide effective service within the context of the competency based model, which is adapted from the data based, individualized instruction model developed by the Consulting Teacher Program at the University of Vermont. As shown in Figure 1, when a learner is referred the first step is to obtain entry level measures. These measures must indicate the learner's current skills level. Examples of entry level measures might include: "The learner can read orally and can answer comprehension questions with 90% accuracy using the SRA 2^5 reading text" or "the learner can independently write the sums for 10 addition facts with sums up to 20 with 90% accuracy, within a 5 minute period."

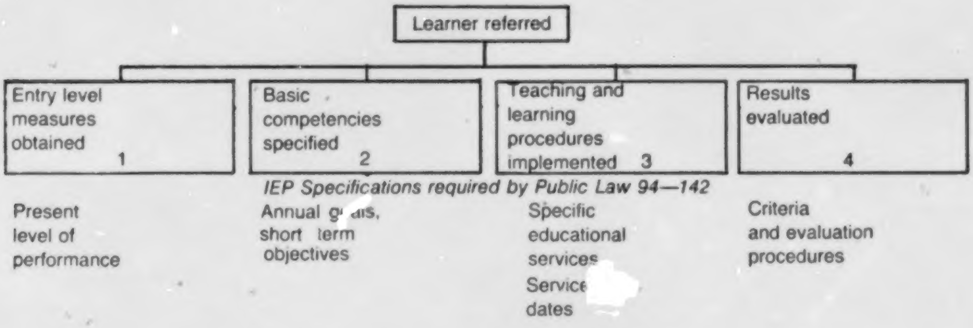

Learner referred
Entry level measures obtained 1
Basic competencies specified 2
Teaching and learning procedures implemented 3
Results evaluated 4
IEP Specifications required by Public Law 94—142
Present level of performance
Annual goals, short term objectives
Specific educational services
Service dates
Criteria and evaluation procedures

Figure 1. The competency based service model

In the second step, basic competencies must be specified. The basic competencies are written in behavioral objectives format (conditions, behavior, criteria) and are sequenced to provide enabling objectives that logically facilitate mastery learning. Educators are asked to specify the *critical* skills required for *all* learners to succeed. These sequenced objectives are then paired with the time by which these critical skills must be acquired. Thus, a measure of learning rate can be specified. Figure 2 shows a basic competency graph for the first 3 years of schooling. Basic competencies in the reading area specified on the vertical axis are paired with years in school (the horizontal axis). A learning rate of 1.0 (an "expected" rate) is indicated by the line at a 45 degree angle. When entry level measures indicate a learner is below the expected rate line, the learner is considered eligible for special services, and the next-step objectives or competencies to be acquired are specified.

The third step in Figure 1 indicates that teaching and learning procedures must be specified and implemented. Effective procedures that increase the learner's rate of acquiring basic competencies are identified through the application of learning theory principles. Use of adapted curriculum materials and individualized feedback systems such as star charts, notes home to parents, learner graphs, contingent free time, and use of peer tutoring programs are examples of procedures found effective. The dotted line in Figure 2 indicates the learner's previous learning rate was an estimated .45. During intervention procedures (point a), which included contingent animal stickers for correctly completed worksheets, a "surprise" for each objective achieved, and contingent teacher praise, the learning rate increased to 2.1.

Finally, the fourth step in the model indicates that the implemented procedures must be evaluated. Teachers most often obtain daily

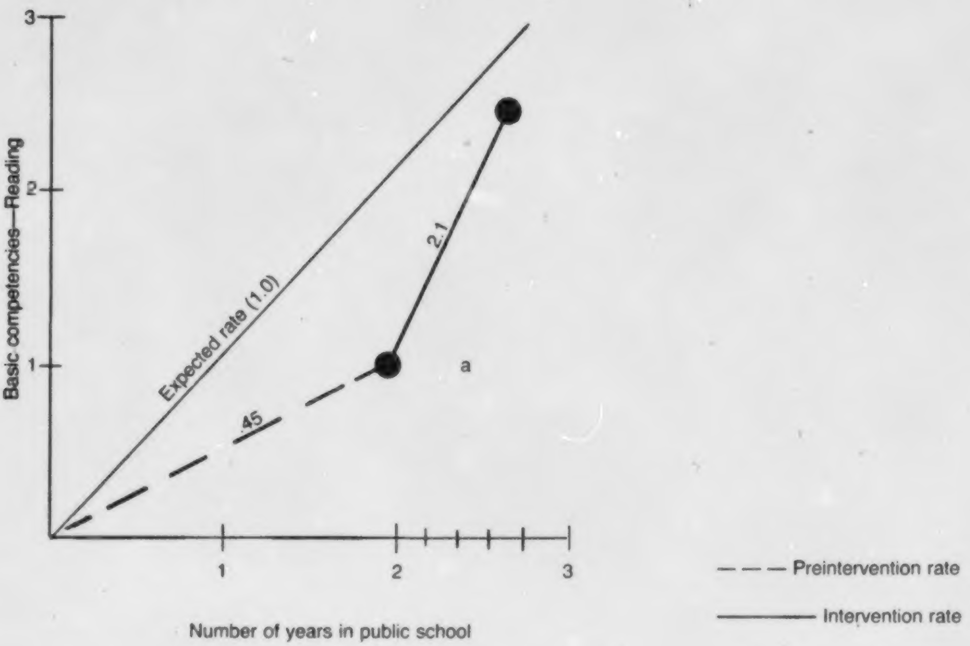


Figure 2. Basic competency graph showing learning rate before and after intervention.

measures of the learner's progress, which provide immediate information for instructional decisions. These data are used for quarterly reports and yearly reviews and are the basis for reporting the learner's current learning rate.

Below each box in Figure 1 are listed the specifications for the IEP as provided in Public Law 94–142. Clearly, the competency based service model incorporates the elements of the law. The entry level measures obtained in step 1 must indicate "the present levels of educational performance." The basic competencies specified in step 2 provide "a statement of annual goals" (the "short term instructional objectives"). Step 3 indicates that specific procedures must be identified that will lead to the learner's placement in the least restrictive environment. Who will implement the procedures and when and where implementation will occur are also specified. By analyzing the learner's present learning rate (step 1), the basic competencies specified in step 2, and the teaching and learning procedures planned in step 3, an estimate of the duration of services can be determined. Finally, step 4 indicates regular evaluation measures must be obtained to determine the effectiveness of the implemented teaching and learning procedures.

Although parents, the child (when appropriate), and specialists will be involved in the preparation of the IEP, the skilled regular classroom teacher is a critical participant in such planning so that services can be provided within the regular classroom to the majority of the handicapped population. Thus, special educators and regular educators must plan together for the desired changes in attitudes and skills of the educational community.

Necessary Skills and Attitudes

What are the skills and attitudes that will be needed by all educators? Large groupings of skills can be derived by analyzing the law. First, educators must specify "present levels of educational performance." Skills in obtaining and recording relevant data are required. It should be noted that the law does *not* specify that educators should observe and record the learner's deficiencies or deviations, but rather that they must obtain measures relating to present performance. Thus, an attitudinal change is needed. The child should be viewed not in relation to *differences* with peers but in relation to similarities. Educators must describe the learner's repertoire in nonevaluative terms.

Second, educators must provide "a statement of annual goals, including short term instructional objectives." Clearly, educators must exhibit skills in writing instructional objectives and in specifying yearly goals. Knowledge of curriculum in the normalized setting is critical for such specification and for pairing the time by which competencies must be achieved. Further, skills in task analysis might be viewed as inherent in the statement, since the short term objectives are sequenced and logically related to the yearly goals.

Third, "a statement of the specific educational services to be provided and the extent to which the learner will be able to participate in regular educational programs" must be specified. Skills in identifying and implementing effective teaching procedures are required. Educators must demonstrate an effective application of learning theory principles, which analyze the learner's behavior in terms of antecedent and consequential stimuli.

Educators must exhibit certain attitudes and communication skills. Educators must be open to looking at new procedures, must be willing to incorporate effective procedures into their own teaching competencies, and must learn to communicate with persons from many different and often specialized fields. Further, educators must begin to incorporate the least restrictive environment doctrine into their planning. They must dare to ask, "Have we isolated this child? Have we tried every procedure possible to maintain this child in a normalized setting? Did we give up too soon?"

Fourth, "the projected date for initiation and anticipated duration of such services" must be specified. Within the competency based service model, the educator who is skilled in observation and measurement procedures and in developing and implementing basic competency systems can estimate service duration times. When effective teaching and learning procedures are implemented, the learner's increase in rate of acquiring basic competencies can be calculated, and thus service duration can be specified.

Finally, "appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved" must be specified. This statement implies skills in developing and implementing an evaluation system. Some educators implement their own evaluation systems. However, many educators rely on whatever standard procedures are in operation within the educational community, such as yearly achievement test scores. These standard procedures are often not appropriate for the IEP, since the objectives specified for an individual learner may not be represented in the norm referenced achievement test. Further, data obtained on a yearly basis do not allow for appropriate program adaptations that might be identified during much shorter time intervals. Thus, skills in developing and implementing ongoing evaluation systems that are based on criterion referenced measurement procedures will be required. The skills previously identified for developing the basic competency systems are critical to meet this requirement.

A Successful Inservice Training Model

One broad implication of the IEP concept is that massive training efforts will be required. How will *all* educators acquire these skills and attitudes? The Boston-Simmons Project identified a training based model as an efficient and appropriate vehicle for meeting the training needs of Boston educators. Through daily or at least weekly consultation and shared activities with the generic teacher, the regular classroom teacher is provided opportunities to learn new skills for individualizing instruction. These learning and sharing opportunities are structured around the following service steps that are implemented for an eligible learner.

1. When a learner is referred to the generic core evaluation team leader, the parent is notified that such a referral has been made, and the parent and generic core evaluation team leader meet for a preevaluation conference.
2. The regular classroom teacher and the generic teacher meet to specify the target behavior and to develop a measurement system for obtaining entry level measures.
3. The classroom teacher, with generic teacher assistance, obtains the entry level measures and evaluates the results.
4. At the IEP conference, the parent(s), teachers, generic teacher, and child (when appropriate) meet to specify the goals, the instructional objectives, the special teaching procedures to be provided, the time by which the objectives should be achieved, and the evaluation procedures to be implemented.
5. The generic teacher meets with the regular classroom teacher to review the plan and to assist in implementation. The generic teacher is available on a daily basis in the classroom to provide support to the regular classroom teacher when implementation is first initiated. When the daily data indicate the procedure is effective, the generic teacher meets at least weekly with the classroom teacher to review the data and monitor results.
6. The classroom teacher and generic teacher monitor and evaluate the results and provide the information to the parents, child, and building principal.

A partnership is required to complete the service steps. It is the regular classroom teacher who best knows the learner and the instructional objectives most appropriate for the learner in that setting. The classroom teacher is the curriculum expert and provides critical information relating to sequencing of objectives. Further, the classroom teacher is the classroom systems manager. The generic teacher is skilled in writing instructional objectives, developing measurement systems, and identifying effective teaching and learning procedures. These skills are shared through the consulting process.

Some teachers indicate interest in more formal training such as workshops or courses. Through these more formal training situations, teachers acquire more generalized skills for providing effective service to eligible learners. Thus, after many varied interactions with the generic teacher, the classroom teachers can obtain daily measures of a learner's progress, specify entry level, write and sequence behavioral objectives, develop and implement effective teaching and learning procedures, evaluate the results, and communicate these results to others. Classroom teachers then participate fully in the competency based service model.

The generic teacher is responsible for the development of the building based inservice training program. Boston teachers enrolled in the Boston-Simmons Program are required to submit evidence of the competencies they have acquired that relate to program development. The major products, evaluated by the training staff, include:

1. Providing effective service for a minimum of 11 special needs learners.
2. Completing the service steps with at least 6 regular classroom teachers.
3. Developing and implementing basic competency systems for one instructional year in the areas of language, reading, and mathematics.
4. Obtaining measures of generic teacher effectiveness from parents, learners, building colleagues, and principals.
5. Preparing a written proposal for the generic teacher, building based program for the following school year.

Currently, 6 instructors meet on a weekly basis with 39 first year trainees for formal instruction at Simmons College. During the 4 hour session, formal lectures, small group activities, and one to one instruction are provided. Activities include sharing of trainee products, role playing, problem solving, panel discussions, and audiovisual presentations as they relate to currently assigned training tasks.

Instructors meet with the trainees individually or in small groups (2–3 trainees) in the school building on a weekly basis to monitor the trainee's progress and to provide one to one instruction. During the on-site instruction, the instructor can observe the learner's progress, provide assistance to the trainee and the regular classroom teacher, and support the development of an ongoing communication system with the principal. It is this component of the training program that is viewed as the most critical by the training staff and the trainees. A partnership develops among the trainee, the instructor, building colleagues, and the building administrator. As the trainee acquires the training competencies, the instructor reduces the monitoring time, thus providing occasions for the trainee to exhibit independent program management skills.

The results of the pilot training program (1975–1977) indicate that the development of building based inservice programs for providing effective service to special needs learners is a promising model. In May 1977, 19 Boston teachers completed the 2 year training program and were approved as generic teachers. An additional 23 teachers completed the first year training competencies. These 42 trainees provided effective service to 287 special needs learners as evidenced by service reports indicating an increase in the learner's rate of acquiring basic competencies. A total of 117 classroom teachers participated in the service steps with the trainees. In addition, 139 teachers participated in workshops led by second year trainees, and 32 teachers enrolled in formal coursework.

As the number of Boston generic teachers increases, more special needs learners can be provided effective service within the regular classroom setting through the combined efforts of regular and special educators. Through this training based model the mandates of Public Law 94–142 are being met.

B. J. LATES *is Assistant Professor, Education, and Project Director, Boston-Simmons Generic Teacher Training Program, Simmons College, Boston, Massachusetts. The program described is funded in part by Chapter 636 funds made available by the State Board of Education through allocations to Districts II, IV, and VI of the Boston Public Schools and by Grant #G007700993 from the Bureau for the Education of the Handicapped, USOE to the Special Education Program, Simmons College. However, the opinions expressed herein do not necessarily reflect policy or endorsement of the USOE.*

Anatomy of an IEP Training Program

LYNNE J. PORTERFIELD
RONALD C. BROWN

Because IEP's are legislated, educators will write them. Whether or not they are written well may depend on the quality of IEP training programs. There is little in research or experience to guide in the development of a quality IEP training program. Because of this, a pilot program was implemented, evaluation data were collected, and a revised program was developed based on those data. These procedures were followed in order to design an IEP training program that represents validated training practices as well as efficient use of time and resources.

Pilot Training Program

The pilot program consisted of nine 5 hour training sessions scheduled on consecutive Saturdays. The participants were a representative sample of 100 special education teachers from the Pittsburgh City Schools.

A case study approach was used in the pilot program to allow participants to develop an IEP for one of their students over a 9 week period. Each training session focused on one of six general content areas: Public Law 94-142; Assessment; Annual Goals and Short Term Instructional Objectives; Curriculum Elements; Conferencing and Consultation Skills; and Resources for Working with Parents. The training activities were designed so that participants could assess, establish annual goals, write short term instructional objectives, determine evaluation procedures, and choose or adapt curriculum for their target student.

Six teams of trainers were selected to provide training in specific content areas. Each specialized team, under the direction of a team leader, developed the training activities for its session(s). Four inservice coordinators were employed to provide orientation for the training teams and to coordinate the activities for the entire program.

In order to judge the effectiveness of the program, procedures for evaluating the participants' competencies were incorporated into the pilot program. These procedures included a pretraining and posttraining evaluation of participants' perceived competencies through a needs assessment survey. Additional data were collected by evaluating the written IEP's of the participants to determine their skills in writing present education levels, annual goals, and short term instructional objectives. Program evaluation was also conducted and included participant ratings of the organization and objectives of each training session, a participant course critique, and the evaluations and recommendations of the trainers and inservice coordinators.

Recommendations and Responses

An analysis of data from the pilot program suggested that significant changes should be made to increase the effectiveness and efficiency of the IEP training program. Recommendations for change were compiled from the pilot data, and a revised inservice program was designed to incorporate many of these recommendations.

Following is a list of recommendations from the pilot program and the ways in which they were accommodated in the revised IEP training program.

Target Population

Recommendation: Training sessions should not be limited to special education teachers but should include other roles involved in the IEP planning process (e.g., administrators, parents, supervisors).

Response: While special education teachers composed the major group of participants, other personnel were invited to attend. All of the special education supervisors and some administrators, school psychologists, and social workers participated throughout the inservice program. In addition, four IEP coordinators from other intermediate units and members of their staffs actively participated in the inservice program.

Scheduling

Recommendation: The inservice program should encompass from 3 to 5 days of training.

Response: The inservice program spanned 3 full days.

Recommendation: Consecutive inservice sessions, rather than weekly sessions, should be provided. Daily sessions are preferred over a one session per week schedule.

Response: The inservice program was completed in 3 consecutive days.

Recommendation: Inservice time should be planned for summer vacation or for released time during the regular school day in preference to scheduling Saturday or after school sessions.

Response: The inservice program was conducted on 3 week days (Tuesday, Wednesday, and Thursday) during the summer vacation (August).

Recommendation: Inservice sessions should encompass not less than 3 or more than 5 hours per day.

Response: The inservice program encompassed 5½ hours per day. It was felt that the greater participant mobility and practicum oriented activities of the revised inservice program would offset the problems of boredom and restlessness associated with long periods of lecture and demonstration sessions.

Trainers

Recommendation: A single team of trainers should be recruited and oriented to participate in the delivery of training in all or most of the training content areas. This is preferred to the practice of employing a specialized team for each content area. Problems in coordination and continuity in the inservice program should be reduced when a single team of trainers, with members in close communication with one another, assumes responsibility for all areas of training.

Response: The single team concept was implemented throughout most of the inservice program (i.e., all trainers had responsibility for conducting orientations, writing analysis exercises, and discussion groups).

Recommendation: The team leader role should be maintained and modified to accommodate the single team approach. Leadership tasks (e.g., planning of training content, selecting and/or developing methods and materials) should be shared among the trainers.

Response: Leadership tasks involving the planning and development of learning modules (2 hour training sessions focused on a specific content area) were assigned to individual trainers based on their expertise in a specific content area. While each trainer worked on a particular learning module, they all shared in the exercise of leadership responsibilities.

Recommendation: The inservice coordinators should assume a more central role in the planning of training procedures for each content area and in providing continuity in the training process.

Response: The two inservice coordinators were responsible for planning the basic inservice strategies, in conjunction with the trainers, and provided direction throughout all training activities.

Recommendation: Trainers should be required to participate in trainer orientation sessions conducted by the inservice coordinators. Their participation should be a necessary condition for their employment in the trainer role.

Response: All trainers participated in a 3 hour orientation session conducted by the inservice coordinators and engaged in a minimum 1 hour consultation session with the coordinators, focused on their specific role in the inservice training.

Inservice Content

Recommendation: Incorporate the same content used in the pilot inservice program (based on the six major competency areas).

Response: All of the major content areas were included with the exception of the area described as Resources for Working with Parents. The decision to omit this content area was based on time constraints and the rationale that some of this content would be covered in the Conferencing and Consultation module.

Recommendation: Adjust the emphasis or amount of time afforded to specific content areas to accommodate available time and the anticipated learning needs of participants.

Response: The organization of inservice content into a 3 day program (the pilot inservice program encompassed 9 days) was based on extensive interviews with local intermediate unit supervisory and administrative staff and on a careful analysis of participant and trainer responses to the time and emphasis afforded specific content areas in the pilot program.

Recommendation: Provide opportunity for participants to select additional training activities in content areas in which they identify a need for additional learning.

Response: Although all participants attended basic sessions on Public Law 94-142 and participated in the two IEP writing analysis exercises, they were also provided with an opportunity to engage in additional training activities in content areas in which they required additional learning. The series of 2 hour learning modules was designed to meet this need.

Inservice Strategies

Recommendation: Emphasize task oriented inservice activities that require the integration of several competency areas over the presentation of discrete content areas in a fixed sequence. This emphasis should be represented in practicum activities involved in IEP plan writing, evaluating, and conferencing.

Response: The two IEP writing analysis exercises represented task oriented activities that required the integration of several competency areas (i.e., writing, evaluating, communicating effectively). In addition, all the modules offered during the learning activity periods contained performance or task oriented activities.

Recommendation: Practice, with feedback, in writing IEP plans should be introduced early and emphasized throughout the inservice program. Guided practicum sessions should replace lecture and demonstration activities whenever feasible.

Response: Practice, with feedback, was provided early on the first day of the inservice program and emphasized in the learning modules. The IEP writing analysis exercise provided practice and feedback sessions near the beginning and end of the program. One learning module was devoted entirely to guided practice and feedback.

Recommendation: Whenever possible, IEP writing activities should be based on assessment data compiled on students familiar to the participants (e.g., students currently or previously enrolled in their classes). Simulated case study material should not be used unless assessment data on students familiar to the participants are not available. Prior to the first training session, participants should be informed, in writing, of the specific types of student assessment data (e.g., informal and formal individual achievement tests, student work samples, etc.) they should bring to the inservice program. They should be informed that this material will provide the basis for IEP writing activities.

Response: The two IEP writing analysis exercises, which included a large portion of inservice program time, were based on actual assessment data compiled on students familiar to the participants. Each participant was notified by mail to bring two case studies containing sufficient information to complete written IEP's. In the same letter, the specific type of information they would need to write IEP's on their students was specified.

Recommendation: Participants should be afforded some choice in the inservice activities in which they participate. While certain types of information and skill will be needed by all participants, other areas of learning may be covered on a self selection basis.

Response: Some choice in inservice activities was provided during the three learning activity periods. All participants were afforded the choice of at least one and as many as three of the learning modules, depending on their performance in the first writing analysis exercise.

Recommendation: Participants should be required to submit written IEP's for evaluation by trainers and/or peers (anonymity respected) as a normal and expected procedure of the inservice methodology.

Response: With anonymity assured, participants submitted written IEP's for evaluation by a team of two other participants in both IEP writing analysis exercises.

Evaluation Procedures

Recommendation: The Needs Assessment Survey (a paper and pencil self rating scale of competencies) should be administered before and after training but should be shortened and revised.

Response: The Needs Assessment Survey was revised and shortened from the original 64 items to 34 items. It was administered before and after training.

Recommendation: An inservice evaluation scale should be completed by participants after each training session.

Response: An inservice evaluation scale was completed by participants at the end of the 3 day inservice program. Because of the integrated nature of the inservice program, significant content was dispersed and interrelated throughout the program. The integrated nature of the content suggested that administration of an evaluation scale at the end of each of the 3 day sessions or at other points during the inservice program would be unwarranted.

Recommendation: IEP performance evaluation procedures should be employed, with specific performance criteria provided, for pretraining and posttraining administration.

Response: IEP performance evaluation procedures were revised and specific IEP performance criteria were developed and incorporated into the IEP writing analysis exercise, which was administered before and after training.

Recommendation: Performance evaluation procedures should be integrated into the training methodology as a means for providing practice and feedback on writing IEP's.

Response: The organization of the IEP writing analysis exercise assured that performance evaluation procedures were integrally and efficiently organized into the inservice training methodology.

The Revised Training Program

The following description highlights the major dimensions of the revised training program.

This training population consisted of 185 special education teachers employed by Intermediate Unit #1 in rural southwestern Pennsylvania. This population represented the entire special education teacher staff of Intermediate Unit #1. Support staff, as well as visitors from other intermediate units, also participated in the training activities.

The revised program consisted of 3 days (16½ hours). It was organized to provide basic information on Public Law 94-142 (required of all participants), an opportunity for selecting more intensive and individualized learning experiences, and practice in writing and analyzing IEP's. Activities were planned to enhance present skills and develop new ones.

Near the beginning and toward the end of the training program, all participants engaged in the IEP writing analysis exercise. This exercise was designed to provide teachers with direct experience in writing IEP's, practice in using specific criteria to evaluate written IEP's, and feedback on their own performance and needs. Wherever possible, IEP's were written from case study data compiled on children familiar to the participant (e.g., former or continuing students in the teacher's class or resource room).

When applied near the beginning of the training program, the IEP writing analysis exercise introduced participants to the specific components of the IEP writing task and provided them with feedback on their actual performance. The written feedback given on the IEP feedback sheet served as the basis for assigning participants to specific learning modules. Therefore, the first application of the exercise provided needs assessment data, which led to the assignment of participants to individualized learning experiences.

The application of the IEP writing analysis exercise near the end of the training program afforded all participants an opportunity to integrate and practice the IEP writing and evaluation skills acquired throughout the program. It provided a method for demonstrating competence in the IEP writing task and for alerting participants, through the IEP feedback sheet and small group feedback sessions, to remaining learning needs.

In addition, group performance data compiled from the individual IEP feedback sheets provided an indication of the learning that had occurred between the first and second application of the IEP writing analysis exercise.

The learning modules were 2 hour sessions focused on a specific IEP content area. Based on feedback from their performance in the first IEP writing analysis exercise, participants were either assigned to, or given the choice of, a combination of three of the following modules:

1. Assessment (lower functioning students).
2. Assessment (higher functioning students).
3. Annual Goals and Short Term Objectives.
4. Curriculum Elements (methods and materials).
5. IEP Conferencing Skills.
6. IEP Practice.

The specific components (e.g., IEP writing analysis exercise modules) of the revised IEP program are adaptable to inservice programs of greater or shorter length and can be used with diverse groups, including supervisors, administrators, and teachers.

The revised inservice program provides an integrated, performance-based training curriculum, which affords additional intensive learning activities to suit individual learning needs.

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Mainstreaming the IEP: A Method for Preservice Preparation

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Project Merge at Bowling Green State University is the culmination of the undergraduate teaching program for students preparing to become teachers of exceptional children. For these seniors, the special education methods courses are merged with student teaching in classrooms for educable mentally retarded students and for students with learning disabilities and behavior disorders. The vast majority of these students are also prepared in general elementary education and therefore receive dual certification. This dual preparation enhances the opportunity to develop the individualized education program process as part of each student's repertoire of skills. Placing the IEP into their curriculum at the student teacher level, however, has proved to be a case of too little (or too much), too late. The major goal of the program currently under consideration, then, is to integrate the IEP process at various levels of understanding into the broader range of the undergraduate curriculum. Another goal of the program is to describe the IEP process from the perspective of the regular education classroom teacher as well as from that of the special education teacher.

The focus of this paper is the scope and sequence of the rationale and content outlined in each of the program's eight modules. Where appropriate, support services identified as necessary to achieve the objectives will be described. Currently, the content organization of the modules is being developed and integrated into the sequence of existing coursework. It is anticipated that the modules will be designed to allow for maximum flexibility for two purposes: future preservice curriculum revisions and facilitation of inservice teacher training.

The special education courses are divided into four categories, beginning with the introduction to special education and culminating

Course	Module
Introduction to exceptional children	1. The impact of legislation on educational programs 2. Evolution of the IEP
Theoretical foundations	3. Composition and operation of the placement committee 4. Obtaining information necessary to make IEP decisions
Special education methods	5. Developing and writing the IEP 6. Curriculum planning and short term objectives
Student teaching experience	7. Implementation of the IEP and the process of change 8. Creating a positive environment for the enhancement of interpersonal professional relationships for implementing the IEP

Figure 1. Model for mainstreaming the IEP into the undergraduate special education curriculum.

with the student teaching experience. After the eight IEP modules were developed, an analysis was made to determine in which course the content of each module would be most appropriate. As indicated in Figure 1, the sequence of the IEP modules coincides with the coursework sequence.

Content of Modules

Module 1: The Impact of Legislation on Educational Programs

In order for preservice students to comprehend the total significance of current processes for change (i.e., Public Law 94–142), it is imperative that they understand common educational practices that have occurred prior to and after recently mandated legislation.

The following specific information is presented in module 1:

1. Historical philosphies and practices in both regular education and special education have nurtured two parallel systems. The focus is on identifying the funding sources, curriculum development, assessment, placement, and administrative structures and procedures of these two systems.
2. Public Law 94–142 at the federal level and Ohio House Bill 455 at the state level have acted as agents for change. Emphasis is on (a) identifying the specific components of each of these legal documents and (b) comparing and contrasting the salient issues in regard to commitment, funding, and resulting role changes for regular and special educators.

Module 2: Evolution of the IEP

Whereas module 1 identified the mechanisms that initiated the change process, module 2 defines the components of the IEP product and the IEP process. A thorough understanding of the IEP from a theoretical perspective is required before one can become involved in the process.

Competencies are to be demonstrated in the following areas:

1. Specific components of the IEP plan are reviewed for analysis. Emphasis is given to the initial developmental phases that local schools have gone through in order to finalize their IEP forms.
2. Since it is vital that preservice students become aware of factors that have either facilitated or impeded the development of the IEP plan, local schools from various geographic and educational settings are cooperating with the Department of Special Ed-

ucation by sharing their perspectives on the developmental phase of the IEP plans.

Module 3: Composition and Operation of the Placement Committee

By this time the preservice students can demonstrate knowledge concerning the theoretical foundations of the IEP. The next step is to operationalize the IEP by introducing the professionals who make it work. This allows the preservice students to see how their role as either special or regular teachers requires that they interface with professionals from other disciplines.

Attention is focused on the following:

1. The contributing roles of any professional who might be a member of the child study team are delineated. Also, the parameters of agencies that are often identified as providing support services to handicapped children and their families are reviewed.
2. Local school systems are cooperating by allowing the university to videotape their placement teams in action. This affords the preservice students the opportunity to compare and contrast the professional interactions of child study teams in a variety of educational and geographical settings at all instructional levels, preschool through high school.

Module 4: Obtaining the Information Necessary to Make IEP Decisions

In order for preservice students to be contributing members of either a placement team or an IEP planning team, it is essential that they have those skills necessary to make and report accurate decisions.

Organizationally, module 4 is divided into three areas:

1. Decision making skills require knowledge of the strengths and weaknesses of various data collection techniques. Of equal importance is recognition of the appropriate due process safeguards needed for presenting data either to a placement committee or to an IEP planning committee.
2. The next phase is to gain proficiency in administering assessment tools and in analyzing test results. The focus is on the scope and sequence of cognitive, social-behavioral, and motor development.
3. Finally, skills in the areas of task analysis and behavior objectives are developed for greater facilitation in writing and evaluating the IEP.

Module 5: Developing and Writing the IEP

A review of the content of the previous four modules indicates that the focus has been product oriented. Module 5 begins the process phase. It is at this point that the preservice students begin applying the knowledge they have amassed.

Specific information to be processed in module 5 includes the following:

1. The students are involved in analyzing and synthesizing information from IEP plans provided by cooperating school districts. The focus is on the procedures and sequential process needed for writing the IEP.
2. The students are involved as participants in simulated IEP meetings during which they have the opportunity to play two or more roles (e.g., teacher, parent, principal, psychologist, etc.).

Module 6: Curriculum Planning and Short Term Objectives

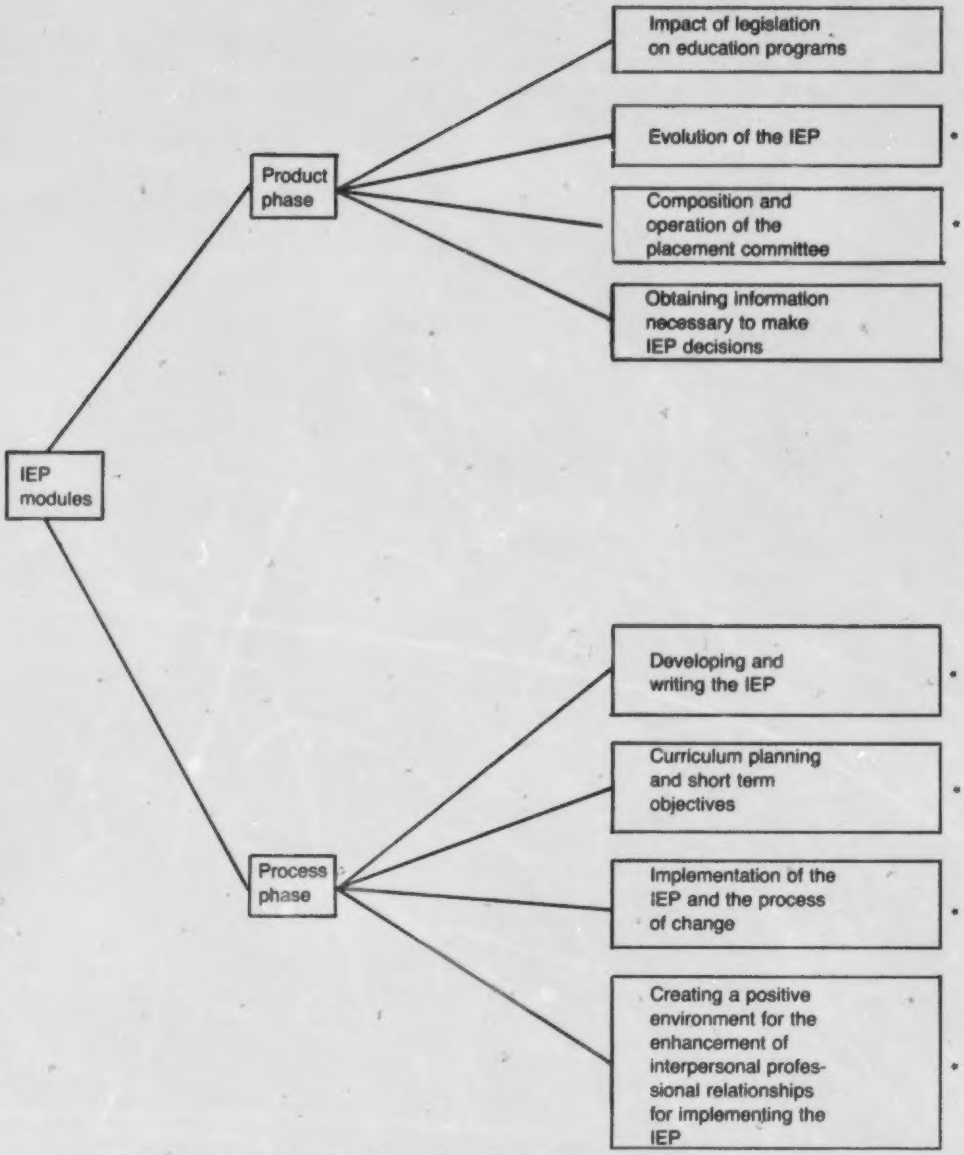
Module 6 operationalizes the knowledge gained from previous modules in the areas of (a) task analysis, (b) assessment, and (c) behavior objectives. At this time, the students must demonstrate their ability to apply in the classroom the various theories on how handicapped children learn.

Using the IEP's developed in module 5 as a basis, the students are required to develop individualized instructional plans (IIP's). In order to achieve this goal, students must select and apply appropriate teaching techniques and methods. Students in teams of three independently develop IIP's by role playing the regular and special educators' perspectives. Team products are then shared in large group discussions.

Evaluation of the effectiveness of the IIP's is completed in small group sessions led by experienced teachers (graduate assistants in special education).

Module 7: Implementation of the IEP and the Process of Change

Students who are presently enrolled in teacher training programs are aware that their entrance into the teaching profession comes at a critical


IEP modules
Product phase
Impact of legislation on education programs
Evolution of the IEP *
Composition and operation of the placement committee *
Obtaining information necessary to make IEP decisions
Process phase
Developing and writing the IEP *
Curriculum planning and short term objectives *
Implementation of the IEP and the process of change *
Creating a positive environment for the enhancement of interpersonal professional relationships for implementing the IEP *

*Indicates that cooperation from local public schools is required for module implementation.

Figure 2. Phases of the IEP modules.

time. They must be prepared for the expanding roles in special education and the variety of dynamic relationships they will need to establish with other members of the educational team (principals, psychologists, general and special education teachers, etc.). Focusing on the implementation of the IEP as an educational change process seems to be an appropriate vehicle for these preparations.

Attention is focused on the following:

1. Students study the change process particularly as it relates to educational systems.
2. During the two student teaching experi-

ences in a regular classroom and in a special education setting, student teachers are required to complete change projects (including relationship building, diagnosing, developing alternatives, choosing solutions, and implementing the plan) relative to IEP's. Written and oral reports are provided for discussions at weekly seminars.

Module 8: Creating a Positive Environment for the Enhancement of Interpersonal Professional Relationships for Implementing the IEP

A critical aspect of the change process is relationship building. Thus, it is imperative that teachers cognizantly strive to develop positive relationships with educators and parents in order to create and promote viable classroom and total school learning environments. The IEP process serves as a forum for this interface and relationship building.

Module 8 encompasses the following:

1. A variety of techniques available to develop interpersonal skills are identified, studied, and practiced. Specifically, exposure to appropriate methods in the following settings are used: (a) committee meetings and staffings and (b) one to one planning with other educators.
2. Appropriate techniques for developing and enhancing productive involvement with parents in group and individual relationships are studied and practiced. In addition, appreciation for the parental perspective is developed through role playing in small group sessions as part of weekly seminars. This empathy building experience occurs concurrently with actual involvement with parents as a part of the student teaching experience.

Conclusions

A review of the content of the eight modules reveals that the sequential organization of the modules is divided into two phases. Although interrelated, the phases are characterized by different emphases. Phase 1, consisting of the first four modules, is essentially product oriented; that is, the modules are designed to provide information and to develop understanding of the theoretical and substantive aspects of the IEP. The second phase is the process phase and encompasses modules 5 through 8. The focus is on developing the students' skills in applying the knowledge gained through completion of the first four modules. This organizational structure is depicted in Figure 2.

Although input from cooperating local school systems is used in phase 1 for modules 2 and 3, assistance from and cooperation with the public schools are required in phase 2 to operationalize all four modules. The purposeful inclusion of close involvement and cooperation with the local schools is congruent with the philosophical basis for Project Merge and the traditional posture of the Special Education Department at Bowling Green State University.

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IEP Inclusion in a Preservice and Inservice Training Program

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Recent special education mandates such as Public Law 94–142 and the general trend toward generic program development (Blackhurst, Cross, Nelson, & Tawney, 1973) have necessitated the reorganization of many special education personnel preparation programs. Although the scope of this reorganization process has varied across different programs, a common feature has been the inclusion of new procedural-conceptual competencies into existing teacher training curricula. These new competencies have included, among others, knowledge of due process, knowledge of alternative educational placements, and the development and implementation of individualized education programs (IEP's).

The incorporation of these new competencies into existing special education personnel preparation programs has posed several problems for teacher trainers. These problems have generally centered on the development of new instructional courses, the expansion of field experiences, and modification of teacher certification policies. The special education faculty of Murray State University in Murray, Kentucky, was confronted with problems of this type when redesigning its programs to more closely adhere to the stipulations of Public Law 94–142. A major thrust of this programmatic redesign effort focused on developing preservice and inservice teacher trainee skills in the areas of developing, implementing, and evaluating IEP's. The purpose of this paper is to discuss how these IEP competencies have been systematically infused into the Murray program.

Overview of the Murray Program

In an effort to facilitate generic special education programs, the Commonwealth of Kentucky recently combined undergraduate personnel preparation programs leading to the separate teaching certificate areas of neurologically impaired (learning disabilities), emotionally disturbed, educable mental retardation, and orthopedically handicapped. The result of this categorical consolidation was a 4 year program leading to a provisional teaching certificate in the area of learning and behavior disorders (Kentucky Department of Education, 1976). Implementation of this mandate required a major program revision at Murray, specifically, a shift from a categorical to a noncategorical teacher preparation program. In the newly developed program, preservice students with a major in special education focus on mildly involved individuals through the learning and behavior disorders program or moderately involved individuals through a revised trainable mental retardation program. Subsequent graduate or postgraduate work would then focus on working with severe to profound levels of involvement within specific categorical areas.

Murray State University is located in a sparsely populated, rural area of extreme western Kentucky. To accommodate the unique problems associated with this location, the learning and behavior disorders program was developed as a generically oriented, field based program, focusing on the mildly handicapped population. Partially competency based in nature, the program was constructed using a modular design, offering one to three semester hour courses arranged in blocks of three to seven semester hours. Pedagogical structure of the courses ranges from traditional didactic sessions to team teaching of blocked courses to use of autotutorial modules. Table 1 summarizes the content of the Murray program. The program totals 140 semester hours, with advisors recommending an extra summer session rather than a fifth year in residence. A brief description of each special education course (i.e., course numbers with SED as a prefix) and the IEP emphasis included within each respective course is represented in Table 2.

Systematic Infusion, Preservice Level

First year preservice students are introduced to IEP's by having them work with individual handicapped children in an afternoon recreation program (SED 110). This course provides

TABLE 1
Learning and Behavior Disorders Curriculum Guide

1st Semester		2nd Semester		3rd Semester		Cum. Total
			Freshman			
ENG 101	3 sh	Eng 102	3 sh			
Elective (Lib. Arts)	3 sh	Elective (Lib. Arts)	3 sh			
Bio. Science (& lab)	4 sh	Physical Science (& Lab)	4 sh			
History (American)	3 sh	Elective (S. Sci.)	3 sh			
MAT 115	3 sh	MUS 100	2 sh			
SED 099	1 sh	SED 110	1 sh			
	17 sh		16 sh			33 sh
			Sophomore			
ENG 201 or 202	3 sh	ART 143	4 sh	CHS Elective	3 sh	
SHE 292	4 sh	ELE 201	3 sh	PSY 252	3 sh	
PSY 160	3 sh	ELE 109	3 sh	Elective (Sci.)	4 sh	
ELE 102*	3 sh	Elective (S. Sci.)	3 sh		10 sh	
SED 230*	3 sh	SED 240*	1 sh			
HEA 191	2 sh	SED 241*	1 sh			
	18 sh	SED 242*	1 sh			
		SED 210	1 sh			
			17 sh			78 sh
			Junior			
SHE 566	2 sh	MAT 315	3 sh			
PSY 545	3 sh	Elective (Lib. Arts)	3 sh			
REA 501	3 sh	ELE 502	3 sh			
HPE (Activity Elective)	1 sh	SED 540*	1 sh			
SED 500*	1 sh	SED 541*	1 sh			
SED 501*	1 sh	SED 542*	1 sh			
SED 503*	1 sh	SED 543*	2 sh			
SED 537**	3 sh	SED 544*	1 sh			
SED 310**	1 sh	SED 410*	1 sh			
	16 sh		16 sh			110 sh
			Senior			
REC 275 or 276	3 sh	ELE 421	8 sh			
REA 539	3 sh	SED 421	8 sh			
Elective (Soc. Sci.)	3 sh		16 sh			
MUS 101	2 sh					
SED 510	3 sh					
	14 sh					140 sh

* Courses taken in this semester marked with an * are taken in block sequence.
** Courses taken in this semester marked with a ** are taken in block sequence.

the students with experience in implementing nonacademic programs extended from school based IEP's.

During the sophomore year, students begin to take didactically oriented special education courses traditionally reserved for the junior year. In the fall semester, they are briefly oriented to the term IEP during the survey course (SED 230). Their first exposure to a complete IEP usually occurs while visiting local school programs in the introductory elementary education course (ELE 102). During the spring semester, students focus on the legislative basis and relevant IEP terminology (SED 240) as well as on due process procedures and member roles involved in proper Admissions and Release Committee function (SED 241). Concurrently, the students are placed in local classroom settings to serve as teacher aides where they implement teacher developed individual intervention plans on a highly supervised, one to one basis (SED 210).

The third or junior year constitutes the core of the learning and behavior disorders program. During the fall semester, the need for personalized IEP's constitutes a focal point in a one semester hour course overviewing similarities and differences found within the learning and behavior disorders population (SED 500). Within the same semester, the students are introduced to the first step in developing IEP's through a didactic course providing an overview of the assessment field (SED 537), with concurrent participation in an evaluation clinic (SED 310). Subsequent clinical report writing is then designed to focus the students' attention on the need for a comprehensive evaluation to provide the data necessary for the construction of a formal IEP.

The most unique part of the learning and behavior disorders program is taken in the spring semester of the junior year. A block of six courses, team taught by two faculty members, integrate assessment, methods, and media courses with a clinical practicum. Figure 1 depicts the interrelationship of this six hour block. During the first five weeks, the students focus on educational interpretation of the major psychological tests used for eligibility determination (SED 540) while building personal skills in the administration of a variety of educational diagnostic tests (SED 541).

TABLE 2
Learning and Behavior Disorders Course Descriptions and IEP Focus

Course Number, Title and Description	IEP Emphasis
SED 099 *Orientation* (1 sh). Course provides orientation to the university in general and to possible special education careers, available programs and local facilities.	None directly.
SED 110 *Practicum A* (1 sh). Direct contact with children in semistructured, highly supervised, preacademic settings, e.g. Head Start, afternoon recreation programs, etc.	Working on a 1:1 basis, freshmen implement segments of nonacademic IEP's, becoming aware of IEP existence.
SED 230 *Survey of Exceptional Children* (3 sh). Didactic survey course overviewing the field of special education.	Underlying concepts, trends and research bases for IEP's are covered in didactic sessions.
SED 240 *Legislation, Finance and Administration* (1 sh). Didactic course focusing on the background to and the contents of P.L. 94–142.	Specific terminology as well as legal requirements for IEP's form focal points within the course.
SED 241 *Parent-Professional Relationships* (1 sh). Course content focuses on the characteristics and roles of parents and other professionals in the education of exceptional children.	Focus is on the roles played by the parents and other professionals in the Admission and Release Committee.
SED 242 *Introduction to Research* (1 sh). Course content focuses on the philosophy of the scientific method, research consumption and implications for education.	None directly.

Continued on next page

TABLE 2 Continued

Learning and Behavior Disorders Course Descriptions and IEP Focus

Course Number, Title and Description	IEP Emphasis
SED 210 *Practicum B* (1 sh). Direct contact with handicapped children in regular classrooms as teacher aides, implementing educational programs developed by the school personnel.	Provides students' initial contact with academic IEPs in a teaching situation.
SED 500 *Curriculum and Instruction for Learning and Behavior Disorders* (1 sh). Includes an overview of the educational characteristics, programming and curriculum development for LBD students.	The need for formal, personalized IEPs in conducting a generic resource room is emphasized throughout the course.
SED 501 *Special Education Theories and Models* (1 sh). An overview of special procedures theoretical models, school and classroom approaches for LBD children.	None directly.
SED 503 *Special Education Organizational Strategies* (1 sh). Content focuses on the professional roles required by, structure and implementation of self contained classrooms, resource rooms and consulting educator situations for LBD children.	None directly.
SED 537 *Diagnostic Methods for Learning Disorders* (3 sh). Course includes a didactic overview of assessment in general and practical experience with selected screening techniques.	Provides an introduction to the assessment bases for IEPs.
SED 310 *Practicum C* (1 sh). Involves a sequence of direct involvements with children through clinic observation and supervised clinic assessment, using techniques concurrently covered in SED 537.	Subsequent clinical report writing directs student attention to the formal basis of an IEP.
SED 540 *General Assessment* (1 sh). Provides an interpretive overview of screening, global, and specific tests and procedures.	Introduces students to observation and formal assessment (i.e., eligibility assessment).
SED 541 *Diagnostic Assessment* (1 sh). Involves the development of diagnostic testing and interpretation skills.	Provides basic educational assessment competency.
SED 542 *Individual Educational Plans* (1 sh). Course consists of an autotutorial, multimedia module comprised of miniunits focusing on the various aspects underlying the full development of both levels of IEPs.	Formal instruction in IEP development is provided via the module. Role play simulations provide structured practice in IEP construction.
SED 543 *Personalized Instructional Technology* (2 sh). Focuses on developing specific competencies in basic instructional technology, e.g., classroom management, use of Precision Teaching, etc.	Provides cognitive and behavioral competencies requisite for the full development of a personalized educational program for LBD children.
SED 544 *Applied Instructional Technology* (1 sh). Content focuses on specific content oriented methods, media and commercial materials unique to special education instruction.	Ibid.

Continued on next page

TABLE 2 Continued

Learning and Behavior Disorders Course Descriptions and IEP Focus

Course Number, Title and Description	IEP Emphasis
SED 410 *Practicum D* (1 sh). Concurrent clinical experience involving the assessment of children in the MSU regional service clinic, followed by the development and implementation of a modified IEP.	Modified IEPs are developed and implemented within a clinical setting on a one to one basis.
SED 510 *Practicum E* (3 sh). Supervised practice in local school settings.	IEP: Intervention Plans are developed for full resource room classes under teacher and faculty supervision.
SED 421 *Student Teaching* (8 sh).	Full involvement on Admissions and Release Committees where feasible.

Upon achieving competency in test administration, each three to five member student evaluation team joins the ongoing clinic evaluation process. Within the clinic, each student is assigned full responsibility for a minimum of one child (SED 410).

Simultaneously, each team enters a one semester hour course entitled "Individual Educational Plans" (SED 542), which is designed to provide the requisite knowledge base and writing skills to develop both the IEP: total service plan and the IEP: individual intervention

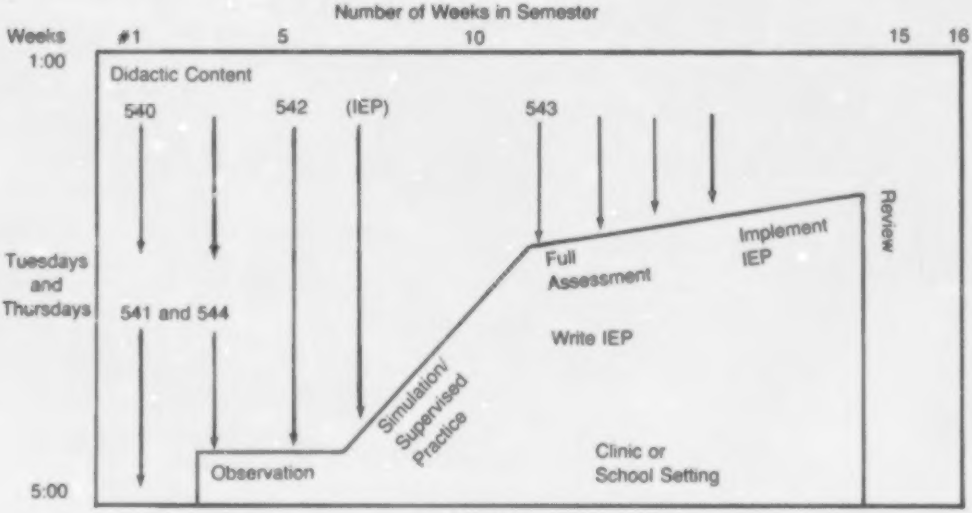
Number of Weeks in Semester
Weeks
#1
5
10
15
16
1:00
Didactic Content
540
542
(IEP)
543
Tuesdays and Thursdays
541 and 544
5:00
Observation
Simulation/ Supervised Practice
Full Assessment
Write IEP
Implement IEP
Review
Clinic or School Setting

FIGURE 1

Relative Amount of Time Spent in Specific Situations plan. The course consists of a multimedia module designed for individual or small group, autotutorial use. In developing this course, the authors, with the assistance of a graduate artist, developed a series of module components consisting of 35 mm slides synchronized with written and taped scripts and supplemented by worksheets that require frequent short term and long term recall of interrelated facts. A commercial workshop (Schrag, 1977) is used as an initial overview and several IEP development simulations are used as culminating activities. A variety of commercial resources from the SED 544 course content (e.g., Instructional Based Appraisal System (IBAS), Behavior Characteristics Progression (BCP), Learning Accomplishment Profile (LAP)) are also incorporated within the module. On completion of the module, the students, in conjunction with the appropriate parents, develop tentative IEP: individual intervention plans for their assigned children. For the remainder of the semester, the clinic time is spent implementing these plans while concurrent didactic sessions focus on various alternative teaching strategies (SED 543).

During the fall semester of the senior year, the students are placed in local resource rooms for a three semester hour practicum (SED 510). This placement, consisting of a minimum of 150 contact hours with a full class, emphasizes the development of IEP : individual intervention plans for class sized groups. When possible, the practicum students also take an active role in actual Admission and Release Committee sessions. In this practicum, as well as throughout all previous practica, each student is under constant supervision by a variety of professionals and, hence, should be fully prepared for the last semester of student teaching in regular elementary as well as special education classrooms. Thus, by the time students progress through the learning and behavior disorders program they will have had a full range of experiences with a variety of IEP levels and types as well as academic and behavioral problems.

Systematic Infusion, Inservice Level

Kentucky legislation requires teacher certification renewal within 10 years of receipt of the provisional certificate. This can be accomplished by completion of a master's degree or a planned 30 semester hour program. To qualify for the highest salary rank, a teacher has to complete a planned 30 semester hour postmaster's degree program.

Traditionally, the choices open to teachers were: (a) to return to school full time, (b) to spend each summer in school, or (c) to teach during the day and attend night classes when and where they are offered. In western Kentucky, the latter option often results in teachers having to commute some 70 to 80 miles each way and then be prepared to teach early the following morning.

However, the modular design used in the learning and behavior disorders program will now permit the incorporation of the one semester hour "500 level" courses, with additional content depth required for graduate use, in local inservice training programs. As more one semester hour courses are converted to autotutorial modules similar to the IEP course, inservice inclusion would be economically feasible even for the smallest school systems since less faculty presentation time will be required. In this fashion, inservice programs could provide at least 50% of the requisite credit units needed for a master's degree while the module structure would assure maintenance of the same qualitative standards associated with on-campus courses.

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IMPACT: Increasing Individualized Programing Through the Use of Learning Centers

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IMPACT, an Instructional Model Program for All Children and Teachers, has successfully provided for the mainstreaming of handicapped children in Berrien County, Michigan, for the past 6 years. The project was conceived during the 1970-1971 school year by a small team of school psychologists and special education teacher consultants. They were concerned with the following 3 pressing issues:

1. A large backlog of referrals for psychological testing.
2. Waiting lists for placement in special education programs to serve learning disabled and emotionally impaired students.
3. The isolation of students when placed in special education programs.

General education teachers were asking for help in coping with these students in their classrooms while awaiting testing and special education placement. A practical teacher training inservice program designed to provide teachers with the skills to educate handicapped children was needed.

Project IMPACT was funded under the Elementary and Secondary Education Act of 1965, Title III: Innovative and Exemplary Programs. The goal of the project was to develop and implement a flexible instructional model by training teachers in the use of diagnostic and prescriptive teaching techniques along with classroom management and organizational procedures, that will allow them to meet the needs of children in their classrooms who have learning and adjustment problems. IMPACT training provides teachers with a system for enriching the educational environment, thus enabling children with special needs to be educated successfully in a regular classroom.

IMPACT is currently a Title IV-C Experimental and Demonstration Project funded by the Michigan Department of Education. As such, the project has been implemented in 27 school districts and over 400 classrooms throughout Michigan.

Teachers are systematically guided through a developmental series of inservice training workshops designed to provide them with knowledge and skills to meet the needs of children with learning, adjustment, or physical problems. The content of the workshop program provides teachers with additional skills in:

1. Implementation of a success oriented curriculum.
2. Assessment of academic, behavior, and learning processes.
3. Development of behavioral objectives.
4. Development of prescriptions using appropriate materials and techniques.

The IMPACT Teacher Training Workshop Kit consists of a series of 6 filmstrips, with accompanying cassettes, the IMPACT Box, the IMPACT Manual, and the IMPACT Instructors Manual. All materials of the IMPACT Workshop Kit were developed, written, and prepared by the IMPACT staff. Workshop manuals are written in a modular format consisting of a behavioral objective, materials, content, delivery system, and evaluation.

The workshop training series lasts 5 days and corresponds to the organization of the IMPACT Box:

1. Session I: Classroom organization and 12 principles of a success oriented curriculum.
2. Session II: Assessment of academic skill deficits and behavior problems.
3. Session III: Prescriptions for remediation of academic deficits and behavior problems.
4. Session IV: Assessment of learning process deficits related to developmental lag or learning disabilities.
5. Session V: Prescriptions for remediation and/or accommodation of learning process deficits.

IMPACT—Did Today Matter? is the project's introductory filmstrip. It provides a brief overview of how the IMPACT diagnostic and prescriptive teaching system helps teachers design a specific program to meet the needs of the handicapped or special needs child without ignoring the majority of the class by using actual case studies of children from the classrooms of 3 IMPACT demonstration teachers:

Kay had a student named Carole, a hydrocephalic child with a medical record of suspected brain damage. Kay found Carole to be an average student academically but noted symptoms of frustration such as stuttering and an uneven learning pattern.

Mary had a fourth grader who was mildly retarded. Because he was not a discipline problem he had been allowed to just sit or do classroom jobs; no one had taken the time to individualize his instruction and teach him at his achievement level.

Pat, first grade teacher, was faced with an emotionally disturbed child who cried, hit her classmates, called them names, and threw chairs in anger for no apparent reason.

Classroom teachers cannot become therapists, but they can provide structure and expectations to help children cope with school. The IMPACT program delineated 12 operating principles of teaching that result in a success oriented curriculum for students:

1. Provide tasks for children that are within their capability.
2. Design individualized programs for children with special learning problems so that they can be at least 75% successful.
3. Provide materials and techniques that give immediate feedback and reinforcement.
4. Provide self selection of materials and activities within structured choices.
5. Select and store materials where they can be reached easily by the child and the teacher.
6. Program with a wide variety of manipulative, multisensory materials.
7. Provide a set of experiences that require problem solving and incorporate the inquiry approach.
8. Provide opportunity for freedom of movement within socially acceptable guidelines.
9. Provide opportunity for children to interact together on learning tasks.
10. Provide guidelines and opportunity for care and use of materials and equipment.
11. Encourage and provide guidelines and opportunities to work independently at assigned or chosen tasks.
12. Provide behavioral guidelines and encourage socially appropriate behavior.

Learning Centers

One means of practicing these 12 principles is through the use of learning centers. Teachers are taught how to establish centers using a dominant—full class, full day—or a transitional—part of the class, part of the day—approach. Floor plans are viewed, scheduling problems are solved, and resources of ideas for learning center activities are made available to the workshop participants.

Following this introduction to the IMPACT program, workshop participants spend the remainder of the day visiting demonstration classrooms. Fifteen demonstration classrooms are currently operating in Berrien County. They demonstrate in a variety of teaching styles and grade levels the classroom organization of learning centers, classroom management, and diagnostic and prescriptive techniques advocated by IMPACT. The 12 principles are in evidence in these selected classrooms.

Workshop Session II is devoted to the diagnosis of problems. The IMPACT diagnostic and prescriptive system asks the teachers to administer some or all of the informal assessments to their problem children. It is important not to burden teachers with complete academic assessments, but instead to help them determine the priority problem areas. They begin by completing a checklist of symptoms to ascertain which informal assessments will be most helpful in diagnosing the student's academic deficits.

Teachers are trained to use these criterion referenced tests by being divided into small groups with an IMPACT consultant available to each. Implementing the learning center approach facilitates the small group instruction; teachers rotate from center to center as each informal academic test is explained by a consultant. Teachers may become more involved by role playing, (i.e., one teacher administers an actual test to a colleague).

After the teachers administer the inventories that they feel are appropriate to a child in their classroom, they should be able to discover a major problem area of the child as well as at least one strength. These are recorded on the IMPACT Skill and Behavior Assessment Profile. If possible a program will be developed for the child using the areas of strengths and success to help remediate and accommodate skill deficits and behavior problems.

Teachers attend Workshop Session III after administering the assessments and completing the profiles for 2 students. At this session teachers are instructed in developing a plan of remediation in a behavioral objective format. The component parts of a behavioral objective (terminal behavior, conditions, criteria) are taught by means of a self correcting matching card game, and each participant writes a long term objective and the first short term objective for both of the students.

Teachers leave Workshop Session III ready to begin a program of remediation for the students they have assessed. The implementation of the remedial techniques and materials may be accomplished through learning center activities or may involve the use of paraprofessional personnel, adult volunteers, or cross grade tutoring. Consultants will meet with the teachers a minimum of once a month to record program progress, make revisions, and develop additional short term objectives.

Approximately 3 months elapse between Workshop Sessions III and IV. This allows the teachers time to program for the students' problems in academic areas or behavior. But perhaps there are some children who do not make the progress the teachers had hoped for. At this point IMPACT examines the possibility of a deficit in one or more of the process areas.

IMPACT has developed a set of informal assessments that deal with learning processes in the haptic, auditory, and visual channels, and the motor and vocal expressive modalities. These are designed much like the academic and behavior assessments discussed earlier and are also criterion referenced rather than normed tests.

To begin Workshop IV, teachers are shown the filmstrip entitled *LD: Teaching the Unteachable*, which presents an overview of the learning disability field. IMPACT identifies and discusses 15 learning processes and 3 expressive process areas. Teachers develop skills at task analysis so that they can determine what processes are operating when a student is successful at a given task.

A role playing game has been developed to help teachers become more familiar with symptoms of a child with a process disorder. Cards are distributed to participants—there is a teacher role card for each activity and a student role card. For example, the teacher asks the student to write his name on the board. The participant acting as student goes to the board and writes the name from right to left and forms the letters backwards. This situation is used to analyze what minitasks were required of the student to complete the task and what symptoms of learning process deficits were displayed by the student.

Workshop Session V deals with programing in the learning process area. Teachers attend Workshop Session V after they have administered parts of the learning process inventories and have recorded the data on the Learning Assessment Profile. Each consultant meets with a small group of teachers to develop a behavioral objective which relates to the remediation of a learning process or expressive process deficit. The workshop then turns to remediation programing and to accommodating techniques. Development of an individualized remedial program is based on the student's strengths rather than on the student's weaknesses and is aimed at accomplishment of academic tasks rather than improvement in perceptual tasks. The accommodation techniques are ways of making life easier for the child with learning process deficits. Since remediation is slow, difficult, and sometimes impossible, the accommodation techniques enable the student to get an education despite learning problems.

IMPACT's consultants continue to meet with the participants in their schools for the remainder of the school year, providing programing and behavior management suggestions, assisting in the recording of student progress, and generally assisting the teachers in implementing the principles and skills taught in the workshops.

Success of IMPACT

IMPACT's evaluation results show that both teachers and students have made significant changes as a result of the teachers' IMPACT training. Teachers were tested before and after the workshops by a written multiple choice test to measure knowledge. The results were significant at the .001 level. In addition, an evaluation team from the Research Experimentation Development Evaluation (R.E.D.E.) Center of Western Michigan University observed participants' classrooms before and after training. They found changes related to instructional strategies in the following 3 main areas to be significant at the .05 level:

1. Physical room arrangement to accommodate individual learning styles.
2. Behavior management, (i.e., teachers had adopted a consistent management system).
3. A learning center approach for small group and individual programing.

Student change was measured by pretesting and posttesting results of the IMPACT informal assessments and by the Peabody Individual Achievement Test. Again, results were significant at the .001 level of probability. In addition, the IMPACT Program Form was used to measure student growth. The results of the program form data showed that 97% of the 841 short term objectives stated by teacher participants were met. Of the 199 long term objectives, 80% were met.

On the basis of results from the 1973-1974 project year, the evaluation team made the following conclusions:

1. The IMPACT workshop consultation program results in change in teachers' behavior and cognition. These changes enable IMPACT teachers to assess and program for children with special learning behavior problems and to implement learning principles consistent with a success oriented curriculum and, in particular, to use learning centers to facilitate programing for exceptional children.
2. Children with learning or behavior problems can have critical difficulties remediated or accommodated in the regular classroom when taught by IMPACT teachers. A related, though more tentative, conclusion is that all children in the class of the IMPACT teacher profit from their teacher's changes in behavior, growth, and knowledge.
3. Teachers are able to identify children with learning and behavior problems on the basis of their instructional activities with the children and through observation. This identification is not necessarily categorical, but does include those children who are in need of special programing.

Project IMPACT has been recognized for its excellence in various ways. It is the recipient of two outstanding educational awards, the Educational Pacesetter Award given by the President's National Advisory Council on Supplementary Centers and Services, and the Excellence in Education Award given by the National Association of State Advisory Council Chairmen. The IMPACT program has successfully passed both state and federal validation procedures—the federal validation score was 75 out of a possible 75 points.

After reviewing the IMPACT materials, Michigan State University has granted college credit to teacher participants for the IMPACT training and related activities as a Workshop in Education: The Special Needs Child in the Regular Classroom.

Resources

Academic Therapy Publications, San Rafael, California, commercially distributes the IMPACT Box, a collection of over 500 file cards of information and teaching ideas that correlates with the five Workshop Sessions.

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Roles of the Instructional Resource Specialist in Developing and Implementing IEP's

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The program described herein was designed to train competent special educators to work with the curricular media and materials needs of educators who deliver instruction to handicapped learners. The focus is on two factors: (a) how trained people function in the development and implementation of the individualized education program planning process, and (b) on the training model itself that is used to prepare the specialists.

The tasks required for the effective development and implementation of individualized education programs (IEP's) require that many people must work together to assure that all necessary information is gathered and shared. Lance (1977) stated:

> If we are to actualize the concepts implied in Public Law 94-142, we must be able to assess children in a wide range of skills and under all sorts of conditions, state objectives in behavioral terms, match needs to curricular materials, analyze and sequence learning tasks, locate and obtain the proper media, evaluate and report performance, and on the basis of feedback make appropriate program revisions. (p. 95)

Some of these tasks can be clearly related to existing support personnel. Personnel with the necessary training and knowledge may not be currently available in other areas such as (a) dissemination of appropriate curricular media and materials information, (b) development of appropriate media/materials, (c) staff development, and (d) curriculum management of IEP's for handicapped learners. In 1976, in recognition of the need to train such personnel, the University of Kansas, Department of Special Education, began a training program for instructional resource specialists. This program prepares special educators to assume four roles: (a) materials lab coordinator, (b) media/materials development specialist, (c) staff development specialist, and/or (d) curriculum manager. Persons trained in these roles are prepared to provide appropriate information and assistance to educators involved in the direct delivery of instruction to handicapped learners. They are expected to facilitate the dissemination of information necessary to the development, implementation, and evaluation of IEP's. An IEP is viewed not only as a written program but also as a procedure. The four roles prepare the Instructional Resource Specialist to assist in facilitating the IEP procedure in four different ways.

Materials Lab Coordinator

The materials lab coordinator is responsible primarily for the operation of a media materials facility such as a center within a school district, intermediate education unit, or region. In that capacity, the person must possess many skills. The lab coordinator could be involved in establishing the lab, making purchase decisions, ordering, cataloging, shelving, and monitoring checkout procedures for the lab's collection. The coordinator also might become involved in staff development in terms of assisting teachers to analyze and select appropriate materials for use in developing IEP's.

The materials lab coordinator role facilitates aspects of the IEP procedure in terms of communicating information and training other educators. First, retrieval systems can be used to identify any particular special instructional media and material as prescribed by the IEP.

Second, knowledge of the means of displaying instructional media and materials facilitates effective ways to inform teachers of available alternatives.

Third, sufficient items necessary to implement the IEP procedure are maintained in the collection. These might include (a) diverse screening devices for each of the types of handicapping conditions, (b) varied evaluative devices used in discerning the pupils' present level of educational performance, (c) varied resources used to write instructional objectives, (d) assorted academic and behavioral checklists to be used in selecting and ranking pupil objectives, (e) varied charting techniques that could be employed in the evaluation of IEP's,

(f) formats designed and used by IEP committees, (g) a collection of IEP related literature that could be used by educators and administrators, and (h) printed material designed to expedite the IEP procedure.

Media/Materials Development Specialist

The role of the media/materials development specialist is to adapt, modify, and produce media and materials for handicapped learners. The specialist role provides "special instructional media and materials" needed in the written program. In this case, the specialist deals with *the written program* rather than with the IEP *procedure*. The specialist is responsible for consulting with classroom teachers to determine the unique learning materials and techniques required to meet the specific needs of the child. The specialist analyzes and modifies instructional materials for their applicability to different types of handicapping conditions. Teachers are aided not only in selecting materials appropriate for the learner, but also in modifying materials based upon the mismatch of the material and the learner. Specialists, trained in a diagnostic approach to modifying materials, thus complement the instructional materials and media interface of the IEP. The knowledge and skill that the specialist possesses might alter the placement of a pupil. For example, a modification of instruction or material might make it possible for a student to remain one step closer to the regular classroom.

Staff Development Specialist

The staff development role is one that necessarily qualifies a specialist to deal with groups of educators. Knowledge of a variety of needs assessment techniques enables the specialist to focus upon specific needs regarding IEP's at the local level. The staff development specialist combines input concerning IEP needs from teachers, local curriculum specialists, and administrators. The specialist also compares present practices with the intent of Congress as interpreted in the rules and regulations of Public Law 94-142. To establish the goals of staff development, the specialist may use different forms, such as the Delphi method, group meetings, or questionnaires. The staff development specialist and local representatives plan the method and content of delivery across levels. During the planning process, the specialist may coordinate the determination of objectives, available human and nonhuman resources, content and method of delivery, evaluation procedures, and time and facilities.

Curriculum Manager

The curriculum manager shares the responsibility for the educational programing of handicapped learners. The curriculum manager provides assistance to educators who are responsible for developing, implementing, and evaluating specific IEP's. The specialist consults with educators and helps to use assessment information to develop remediation programs for specific children. Implementation of the IEP may be facilitated if a curriculum manager is available. Because the IEP must be written before actual placement, the possibility of inappropriate objectives exists. Thus, the IEP may need to be revised soon after placement. The curriculum manager assists in the selection, modification, or adaptation of curricular media and materials. Also, the curriculum manager confers with the regular classroom teacher concerning progress when the student is placed in the regular class.

Because the specialist is working primarily with the teacher rather than with the child, the curriculum manager may contribute an additional perspective. Since curriculum managers are familiar with methods for evaluating student progress, they provide a valuable resource in deciding marginal cases.

Instructional Resource Specialist Training Model

The traditional classroom lecture is not sufficient to provide the type of training that would enable the instructional resource specialist to function in the roles described. Although the training program uses coursework, it covers more than classroom instruction. Practicum experiences are included, but these activities extend beyond the "student-teaching" level. The instructional resource specialist training program is based upon the concept of training-by-modeling, which is a major departure from traditional approaches in personnel preparation.

The training-by-modeling format of the program is built upon the establishment of four proficiency levels. Each of these four levels contains specific activities or strategies that set it apart from the others. Proficiency Level One is the level of classroom instruction. During this level, a student participates in a course or module (e.g., one dealing with the preparation and monitoring of the IEP's).

To reach Proficiency Level Two, a student participates in activities under the supervision of a member of the program's staff. For example, at the request of the teacher, a student might work on developing IEP's for children enrolled in one of the special classes on the campus of the university.

Proficiency Level Three is characterized by more independent work. Activities related to this level are usually conducted at practicum sites away from the university campus. Guidance and support are still available from project personnel or from the on-site supervisor. However, the student must demonstrate a significant degree of independence to attain proficiency at Level Three.

At Proficiency Level Four, the trainees must demonstrate the ability to instruct others in the skill for which they have been trained. For example, a student at Level Four would be able to carry out an instructional program in preparing and monitoring IEP's. In some cases, Level Four may not be attained until the training sequence has been completed. However, it is possible to reach Level Four while still participating in the training program. A student might be involved in the training of other program participants at lower levels of proficiency in IEP development.

Competency Based Model

An Instructional Resource Specialist may, to some extent, and at some points in time, assume responsibilities associated with each of the four roles. The specialist needs to develop skills in all of the following identified competency clusters: (a) communication, (b) staff development and training, (c) problem solving, (d) instruction and consultation skills, (e) administration, (f) instructional technology, and (g) evaluation.

Within each of the competency clusters, specific competencies have been established for each of the four roles. Competencies were determined by describing the responsibilities likely to be assumed by persons in each of the four roles.

Each of the four roles involves a differential emphasis of training related to the competencies. The role of staff development specialist obviously requires a higher proficiency of skills in staff development and training than do other roles.

The instructional resource specialist is trained in a process approach. *Process* should not be confused with *self discovery learning* or *psychological correlates*. A process approach should be viewed as one which provides varied alternatives from which a selection is made based upon the assessed need in a particular situation. It not only delineates means, but also emphasizes understanding strengths and weaknesses of different methods. Coupled with diagnostic skills, this understanding helps the specialists apply what they have learned to each unique situation. It allows specific competencies to be usefully translated at the local level.

Individualized Training

Trainees entering the program are required to have a master's degree in an area of special education or related field and successful teaching experience in a special education setting. These requirements are necessary because the program is designed not to train special educators, but to expand the role of an already successful teacher through supplementary information.

Once admitted to the program, students choose two of the four roles that will be emphasized in their training. All students receive training in each of the four roles but are given opportunities for in-depth experiences in two roles. In planning each student's training experiences, prior experiences, whether from employment or successful completion of university courses are evaluated in terms of the requirements of the training program. Thus, trainees do not have to repeat experiences where competence has already been demonstrated. This individualized planning is a component of the basic model of competency based instruction and an important aspect of the instructional resource specialist training program.

The training program is a 12 month program and thus requires close monitoring and evaluation in order to assure that each trainee receives training and experience in the competencies required for his or her role choices. The trainees are evaluated on proficiency levels using a simple binary system of *yes—no* responses made by the trainee, the project coordinator, a graduate assistant, and on-site supervisors. Performance on coursework level competencies is determined by successful completion of the course in which the competency is offered.

The model of training is being evaluated not only for the purpose of training instructional resource specialists, but also for its applicability to the training of other special education personnel. Both the model and the program focus on the use of existing facilities, faculty, and experiences. Thus, it would appear that both the model and the instructional resource specialist training program could be implemented in other training institutions with a minimum of difficulty.

This model and training program represent a unique approach to the problem of identifying and training a needed professional in the special education support system. The instructional resource specialist, through one or more roles, may serve to facilitate the planning and implementation of individualized education programs for handicapped learners.

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Special Educators and Content Area Teachers: Uneasy Partners or Emerging Allies?

ELISABETH A. DAGDIGIAN

The least restrictive environment clause of Public Law 94-142 may well turn out to effect significant change in schools that have departmentalized instruction. Pupil personnel committees, core evaluation teams, or other committees that develop IEP's for handicapped students can be expected, in implementing the law, to include as much integration of the special education population in regular classrooms as possible. The reappearance of these youngsters, many of whom have spent their total school careers within the sheltered environment of the special education room or school, is likely to trigger a combination of emotions among the regular faculty of the school. These emotions are to be expected when we examine the backgrounds, concerns, and professional styles of the departmentalized teacher.

Content area teachers in the middle, junior, and senior high schools of this country are people who enjoyed studying a subject field and chose a teaching career as a means of extending their interest and sharing their enthusiasm with young people. Typically their professional preparation was limited to 12 semester hours of education courses and student teaching, with the courses including instructional methods, tests and measurement, educational psychology, and foundations of education. Until the 1970's, it was rare for secondary certification requirements to include methods of teaching reading or a survey of special education.

It is not surprising, then, to find that secondary teachers tend to have developed a particular teaching style, and, because they work with a given class only 40-60 minutes per day, generally teach each class as a whole. Variation of methodology or materials usually comes with the arrival of a new class, rather than for the benefit of different students within the same class. Following a schedule typical of departmentalized schools, content area teachers would thus meet from 135 to 175 students daily, in groups of 30 to 35, for a single class period. Their schedules also may include a period of supervisory duty and a preparation period.

The Classroom Teacher and Special Education Student

What responses may be expected from a conscientious, competent classroom teacher who now is responsible for a portion of the education of youngsters whose disabilities have previously separated them from the main body of the school and who have been taught by specially trained teachers? The responses may well depend on the nature of the student's handicap, the preparation the teacher has had for meeting the new situation, and the support available while the teacher adapts to the new situation.

Let us, for a few moments, visit the classroom of an eighth grade history teacher. Mr. Madison is well respected by the students, faculty, and parents. His classes are well managed and his students well taught. Mr. Madison's teaching style includes oral presentations and discussions about the personalities and issues significant in American history. He incorporates well selected films for class viewing and uses the state adopted text, along with study guides that he has prepared, as the homework assignments. His tests, which he has developed over the years, have a reputation for being hard but fair and contain a variety of types of questions. All in all, Mr. Madison appears to be an ideal teacher who should have no problems in accepting 3 special education students into his classes. Yet that may not be the case.

Linda, a severely visually impaired child, is the first special education youngster to appear in one of Mr. Madison's classes. As he says in the teachers' room, it tears him apart to see that nice little girl in that condition. His response to her handicap is pity, and this pity colors all his dealings with her. He tends to excuse her slackness in completing her assignments and has even eliminated showing some of the films to her class so she won't feel left out. Pity is not a good teacher.

Brian is Mr. Madison's next student. Brian had been mainstreamed in elementary school, but last year experiences in the huge junior high with different teachers each day, the crowded halls, and the noisy cafeteria caused him great anxiety. In addition, the medication that he had been taking regularly to control his epilepsy was no longer dependable. As a result, he had spent the seventh grade self contained in the resource room. Now, however, it was considered advisable for him to start gradually working back into the mainstream classes. His medication is still being closely monitored as the doctor is not sure that the optimal dosage has yet been determined. Brian has not had a seizure in school . . . yet, and Mr. Madison is afraid of what might happen. Fear is not a good teacher.

Ralph is in Mr. Madison's fourth period class, which meets just before lunch. Combining the social and emotional problems and the reading retardation that often are symptomatic of the learning disabled child, Ralph has spent varying amounts of the school day in resource rooms for the last six years. Unfortunately his status does not appear to be improving. Unwilling or unable to obey basic school rules, he is a safety menace in crowded corridors. His reading skills are measured at about the third grade level, and he demonstrates such limited ability to attend to a task or to organize himself that he is unable to function productively even at that level. As school policy does not allow special education students to be suspended, Ralph seems to feel that he can act out his aggressions, fight with his classmates, and disrupt lessons with impunity.

Mr. Madison has bent over backwards trying to help Ralph and his classmates live in a state of suspended hostility. He is, however, totally defeated in trying to solve the problems presented by Ralph's scholastic status. Ralph cannot read the text and will not listen to the tapes that Mr. Madison had a volunteer prepare. Although he appears interested in class, he has failed every chapter test so far. In fact, sometimes he puts nothing other than his name on the paper.

In conversation, Ralph appears to have learned quite a bit about history in Mr. Madison's class, but the evaluations that are used to measure the other students and help Mr. Madison arrive at grades for their report cards indicate that Ralph, even with the assistance that has been available to him, is failing. His grade is far below that of several other youngsters who, although not as intelligent as Ralph, have struggled every day to meet the minimum requirements.

Mr. Madison wonders what has been happening to Ralph in those special education classes all these years and how he is supposed to teach the youngster as one of his 150 students if the special education teacher with special training has not been able to do it with her load of 26. Resentment is not a good teacher.

Pity, fear, and resentment—Mr. Madison, a good teacher who is trying to deal with students for whom he has not been prepared, feels these emotions strongly. Little imagination is needed to realize how the rest of the teachers on Mr. Madison's corridor are feeling. Some of them have trouble enough handling and providing a minimum of instruction for the students whose physiological, emotional, and cognitive development are within the normal range.

The Special Educator's Role

What steps can the special educators involved with Linda, Brian, and Ralph take to help Mr. Madison make the mainstreaming so carefully considered and incorporated within the IEP's be a successful experience? Have they a responsibility beyond the doors of the resource room? Is Mr. Madison part of their responsibility? Are they equipped to help Mr. Madison? What ancillary services can they use?

We feel that the special educator has the professional responsibility to implement the purpose as well as the fact of the IEP, which calls for mainstreaming Linda, Brian, and Ralph into Mr. Madison's classroom. To meet that responsibility, both the affective and cognitive areas must be addressed. This should come as no shock, for special educators have long been aware of the need of addressing both domains in their dealings with the parents of handicapped children.

At least two of the areas that are triggering Mr. Madison's responses can be handled in carefully developed inservice training sessions. The special educators who provide services for the blind and who know Linda's capabilities can surely provide Mr. Madison and Linda's other teachers with information about her specific situation and can help Mr. Madison arrive at appropriate goals in the areas that he is currently overlooking.

Instructional goals, to Mr. Madison, have traditionally meant mastery of certain bodies of information. Appropriate goal writing for Linda would include a component addressed to her responsibility in meeting her homework requirements, and any other such behaviors where she or her teachers are assuming that her handicapping condition is a reason for modifying the requirements for other students.

The tendency of Mr. Madison to modify his instructional pattern in the class should also be addressed. In this case, perhaps it would be appropriate for the special educator to work with Linda on various means of gaining information from the audio portion of audiovisual material. To ignore the topic is to minimize her ability to learn from other opportunities that may be available to her, including the whole range of informative television programs.

Mr. Madison's role is to pinpoint those areas where he perceives Linda as having difficulty or where he is inclined to modify his teaching style to suit her learning handicaps. The special educator would then help Mr. Madison arrive at appropriate decisions in these areas, based on more specific knowledge of Linda's handicaps and their educational implications.

In cases where specific techniques for coping with a learning situation need to be taught, the regular teacher and the special educator can jointly arrive at a division of responsibilities; in this case the special educator takes the responsibility for teaching the methodology. In this way, cooperative efforts can minimize the effects of pity, and may enable Mr. Madison to respond more appropriately.

Perhaps Mr. Madison's fear of Brian having an epileptic seizure cannot be totally eliminated, but, once again, its effects can be minimized. When the special educator recognizes the basis for the uneasiness, contact may be made with the school health department and medical presentations and films on the topic may be incorporated within the inservice programing. Lack of knowledge about specific physiological disabilities and what they may imply in terms of appropriate responses from others is at the root of Mr. Madison's fear. Merely to tell a responsible adult what he is to do in an emergency (i.e., clear a space for the youngster on the floor and call the nurse) is not enough. He needs far more information so he can understand the nature of the disability and the reasons for the actions prescribed. His responsibility will extend to controlling the atmosphere in which a seizure has occurred and he needs thorough preparation. In this case, affective as well as cognitive input would be helpful. Discussions with teachers who have coped, with students who have been present when another youngster has had a seizure, and with adults who have learned to live with the epileptic condition may help reduce Mr. Madison's fear and enable him to look upon Brian's presence in class without alarm.

Here, then, the role of the special educator is to marshall the medical resources of the school system and assist other responsible personnel in arranging appropriate inservice meetings. A further responsibility is to discuss the information presented with Mr. Madison at a later date to ascertain what his response has been and to provide emotional support if he is still uneasy. This attention to both the cognitive and affective dimensions of the problem may well minimize Mr. Madison's fears.

Resentment, the third emotion that has been triggered in Mr. Madison, is probably the hardest to overcome, not because specific activities to help Ralph master the minimal requirements of the course cannot be implemented, but because both Mr. Madison and the special educator are somewhat defensive about the most important aspect of their professional lives—their ability to teach youngsters effectively. However, recriminations of the "Why doesn't he . . .?" or "Why didn't they . . .?" variety will accomplish nothing. A cooperative endeavor designed to improve Ralph's learning will be far more productive.

Once again, role definition is important. Mr. Madison's main responsibility is identification of the content that he considers the minimal requirement for the course. In this way he has control over the integrity of his courses and the grading system used in his school. Furthermore, he will have the responsibility of implementing a delivery system designed to enable Ralph to master the identified course content and have his mastery evaluated in an objective manner.

The special educator working with Mr. Madison and Ralph also has two responsibilities. The first includes developing a clear picture of Ralph's abilities and the strategies that he can successfully use in the learning situation. The closer look at Ralph's abilities and strategies cannot be considered a new responsibility of the special educator. Assessment procedures which establish eligibility for service, in general, are not diagnostic, but rather are measures of achievement and general and specific abilities. Further analysis, however, is generally needed to relate those findings to instructional situations. A case in point might well be auditory processing. Generally accepted measures may have indicated that Ralph has stronger auditory skills than he has visual. This would appear to indicate that the taped text ought to have been an appropriate step. Yet it did not succeed. What was lacking was an assessment that more closely resembled the actual task involved in the instructional technique. In this case, for example, an informal reading inventory (Johnson & Kress, 1965) constructed of history passages written at different readability levels (Fry, 1968) could help the special educator determine Ralph's reading level for that type of material as well as his listening capacity.

It may well be that even as Ralph cannot obtain adequate information when he reads material written at an eigth grade level, he also cannot abstract the information when it is read to him. Knowledge of the level at which Ralph can understand material read to him would help his teacher develop appropriate instructional strategies (Forgan & Mangrum, 1976). This is only one of the areas that should be explored. Others might include Ralph's relative ability to respond to different question types, his ability to present information in different formats, and the length of assignments that he can complete before being checked.

The special educator's second role may represent a new interpretation. It includes developing an instructional plan that will enable Ralph to learn the minimal course content which Mr. Madison has defined. This strategy may incorporate rewritten materials; specific followup activities in the resource room to assure mastery of critical terminology; assembly of alternate instructional material; and redesigned worksheets, study guides, and tests. Approaches to individualized instruction of this type have been encouraged throughout secondary classrooms as one method of meeting individual needs (Jones, 1968; Kimizuka, 1973). Preparation of instructional packets may initially be undertaken on a unit by unit basis by the special educator who is attempting to help the learning disabled student master the predefined content and meet the educational goals of the content area teacher.

In this manner, each of the professionals is in control of the area of his expertise and can provide appropriate assistance to the other. Further value may be reflected in the potential spread of effect. For example, should the delivery systems designed by the special educator and implemented by Mr. Madison be successful with Ralph, it may well be that Mr. Madison will use part or all as an instructional alternative when teaching his other, nonspecial education students. In addition, he might gradually extend the technique and prepare similar approaches for his other classes.

The alliance forged as Mr. Madison and the special educators address the issues, both affective and cognitive, presented by Linda, Brian, and Ralph can produce an educational setting tnat is truly a least restrictive environment. Rather than mere physical placement in mainstream classes, this process makes it possible for the young people to function in an atmosphere that understands and accepts their disabilities and offers them the educational strategies necessary for them to perform at their optimal levels.

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Ecological Use of IEP's in the Regular Class

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JAMES CALDER

As a result of the Public Law 94–142 requirement that all handicapped children receive instruction in the least restrictive alternative, many handicapped children currently being served in other administrative models or levels of the cascade of services will be placed in a regular classroom setting. This action is based on the results of countless efficacy studies on self contained special classes plus statements by special educators (Dunn, 1968; Lilly, 1970, 1971) indicating that instruction in the regular classroom has been modified sufficiently to accommodate the needs of the handicapped student. However, increasing numbers of special educators are expressing doubts about the adequacy of these instructional and curricular changes for handicapped students (MacMillan & Becker, 1977). Without additional changes in the teaching practices of regular education personnel, MacMillan and Becker question the wisdom of returning mildly handicapped children to the same settings and teachers with whom they previously experienced failure. This issue remains unresolved because there has been little research evidence to date concerning the effectiveness of regular classroom teachers in developing or implementing individualized education programs or the actual inservice needs of regular school personnel.

Therefore, the authors approached the issue of inservice preparation for regular educators by using the following procedure: (a) the senior author conducted a study to obtain empirical data regarding the effectiveness and needs of regular classroom teachers in implementing IEP's; (b) after analyzing the data, the authors generated a list of competencies needed by regular classroom teachers; (c) based on these competencies, inservice and preservice personnel preparation models for regular classroom teachers were developed.

Purpose of the Study

Two criteria were used in evaluating the effectiveness of regular education personnel. The first procedure attempted to determine whether regular classroom teachers, with consultative assistance, could use IEP's to produce significant gains in groups of mildly handicapped children. The second procedure compared the achievement gains of these mildly handicapped students whose IEP's were implemented by regular classroom teachers with the achievement of a comparable group of handicapped students having special education resource teachers responsible for the implementation of their IEP's. The regular classroom teachers involved in the study had no structured preservice or inservice training in teaching handicapped children prior to beginning the study, and only consultative assistance regarding the needs of specific children was provided during the project. Consequently, the training and support provided the regular classroom teachers were felt to be representative of the conditions currently existing in most school programs.

Method

Subjects

To evaluate the effectiveness of the regular classroom teachers in using the IEP, 40 learning disabled students in grades 2 through 5 with reading disabilities were selected and divided into two groups matched on chronological age and grade level. No significant differences ($p > .05$) existed between the groups in measured intelligence quotients (mean IQ of the regular education group was 93.45; mean IQ of the resource group was 93.15).

Instrumentation

Both groups of students were pretested and posttested in word recognition and spelling using the Peabody Individual Achievement Test (PIAT) (Dunn & Markwardt, 1970) and the Gallistel-Ellis Linguistic Reading and Spelling Test (GELRST) (Gallistel & Ellis, 1971). The GELRST was also used to measure the students' knowledge of isolated phonics sounds. Oral reading ability wassassessed by the Classroom Reading Inventory (CRI) (Silvaroli, 1973). Pretest data indicated no significant differences in achievement ($p > .05$) of the two groups in any of the areas measured.

Individualized Education Programs

IEP's were then developed by the reseajch staff for each student based on an analysis of the student's test results in relation to a skill sequence previously developed from the Orton (1964) reading program. This procedure provided assurance that any differences found on the posttest would not be attributable to differences in the instructional program or the format of the IEP.

Instruction

In the regular classroom setting a regular classroom teacher provided all the instruction. A trained special educator serving as a consultant had an initial conference with each regular classroom teacher to explain the IEP and the Orton program. The consultant also indicated that he would be available for consultative assistance and would be checking with the regular classroom teacher periodically to provide any needed assistance with program organization, materials, or instructional difficulties.

In the resource setting all reading instruction was provided by a trained special educator in a resource room. Each student received one hour of reading instruction daily. At the conclusion of 50 instructional hours both groups were posttested. The data were analyzed using a Lindquist Type I design (Lindquist, 1953) from the Behavioral Sciences Statistics Library (Barker, 1973).

Results

The results of the PIAT were similar for both word recognition and spelling. Data analysis indicated significant gains for both groups ($p < .05$). The interaction (group X test) effects of the Lindquist Type I design indicated no significant ($p > .05$) differential gains between the two groups. In other words, the between groups, the between tests, and the interaction effects indicated the two groups were not significantly different on the pretest, made similar (significant) progress during the treatment period, and were similar at the time of the posttest.

An analysis of the results of both the CRI and GELRST reading subtest revealed a significant interaction between group membership (regular class or resource) and the pretest-posttest scores. Because the two groups were not significantly different on the pretests (between group $p > .05$), the interactions indicated significant ($p < .05$) differential gains for the resource and regular class groups during the treatment period. An examination of the cell effects for the two tests indicated that although the students in the regular class made significant ($p < .05$) gains, the students whose IEP's were implemented by special educators made significantly ($p < .05$) greater gains in both word recognition and oral reading (see Figure 1).

The results of the spelling and sounds in isolation subtests of the GELRST also indicated significantly ($p < .05$) greater gains for the resource group. Further analysis of these subjects indicated that students having IEP's implemented by the regular classroom teachers did not progress significantly ($p > .05$) during the instructional period (see Figure 1).

Discussion

The results of the PIAT, CRI, and reading subtest of the GELRST indicated that both regular classroom teachers and special educators were able to use IEP's to produce significant achievement gains with mildly handicapped students. However, the gains for the students taught by special educators were significantly ($p < .05$) greater than those made by the regular classroom group on all tests except the PIAT.

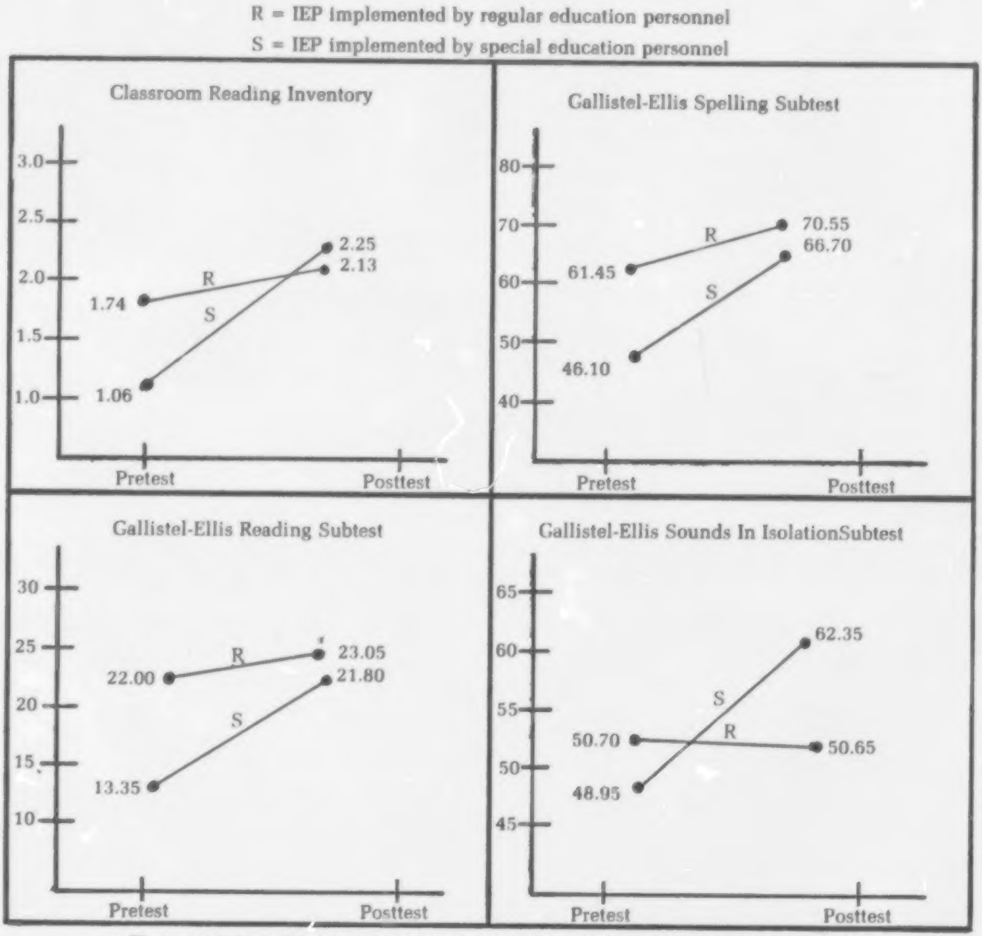

Figure 1. Interactions between test scores and group membership (class setting).

The results of the PIAT may have been attributable to the incongruity between the test and the content of the instructional program. The Orton program concentrates primarily on phonically regular words, while the PIAT assesses a preponderance of sight words. Consequently, the PIAT may not have been sensitive to gains made through a synthetic phonics program. In summary, the results of this study indicate that both regular and special education teachers were effective in the implementation of IEP's; however, the majority of tests used found the special educators to be significantly ($p < .05$) more effective.

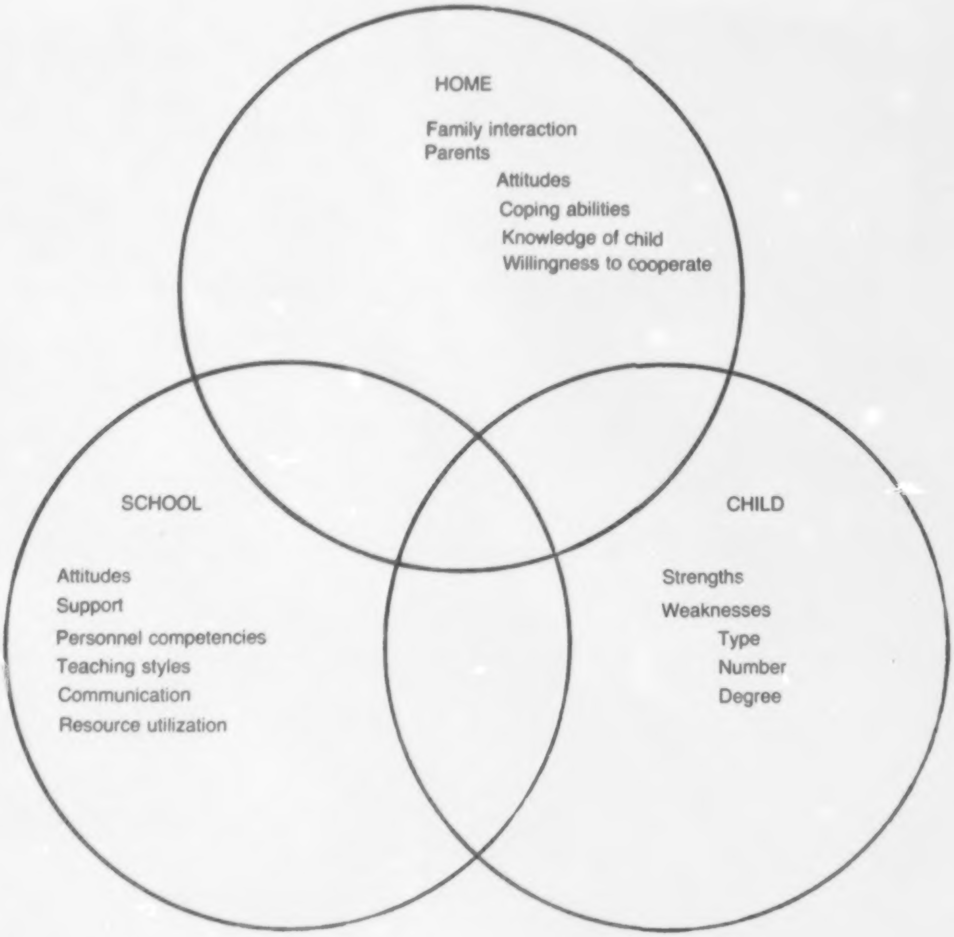
HOME
Family interaction
Parents
Attitudes
Coping abilities
Knowledge of child
Willingness to cooperate
SCHOOL
Attitudes
Support
Personnel competencies
Teaching styles
Communication
Resource utilization
CHILD
Strengths
Weaknesses
Type
Number
Degree

Figure 2. Ecological factors affecting placement and IEP implementation.

During the study, observational data were collected concerning the difficulties regular classroom teachers encountered in implementing IEP's. Additionally, interviews were conducted with all regular classroom teachers in order to obtain the teachers' concerns and suggestions regarding the development and use of IEP's in the regular classroom.

Among the problems noted by the observers were differences in the nature and quality of teacher-student interactions in the two settings. The special educators noted difficulties more quickly and modified their instructional strategies to meet the child's needs, whereas the regular classroom teachers often appeared to compound problems by advancing to new material before mastery had occurred at the present level. When asked about this particular problem, the regular educators indicated they did not feel adequate either in the ongoing assessment of the child's skills or in managing the classroom in such a manner as to ensure individualized instruction for the handicapped student. The teachers also indicated difficulty in understanding many of the learning characteristics and problems of mildly handicapped children.

Another observation was related to the type and quality of administrative support. The principal of the school in which the regular classroom teachers implemented the instruction provided only permissive support for the program. The principal's attitude may have affected some of the regular classroom teachers who were either reluctant or somewhat opposed to having handicapped students in their classrooms. A strong administrative commitment to the education of the handicapped might have had positive program effects.

Additional teacher comments indicated that some of the upper elementary children who were placed in their classrooms were too far behind academically to be integrated successfully. Teachers felt that considerable attention should be given to both the student's academic skills and behavior before determining placement. They also suggested that specialized curricula (such as the Orton program, perceptual motor training, and psycholinguistic teaching) be used cautiously. Special educators should generally assume the instructional responsibility if such programs are needed. As regular classroom teachers they felt they had neither the time (if they had a standard size class) nor the training for implementing such programs. Involving the regular classroom teacher in developing the IEP was, in their opinion, the best solution to the problems of unrealistic placement and curricular strategies.

Ecological Consideration

The implications of this study have led the authors to consider the factors necessary for successful implementation of IEP's in the regular class setting. To date, one of the primary problems interfering with successful implementation of the IEP has been oversimplification of the factors considered in placement and program development. In many cases, only the characteristics of the child are considered before placing the child in the regular class. Placement decisions are often made as if all regular classes, schools, and home environments were equivalent and therefore need not be considered in decision making. It is important to perceive the IEP as a part of an ecological system involving interaction among a variety of factors, no one of which is a determinant in isolation. An ecological model of factors to be considered in placement and IEP development is presented in Figure 2.

It is apparent from the model that one important factor is the selection of the child to be placed in the regular classroom. Child factors relate to the learning and behavior adaptability of the child to the regular classroom environment, based on exhibited strengths and weaknesses. School factors include the prevailing attitudes of school personnel and consequent administrative support as well as careful selection of regular class teachers with whom to place the mildly handicapped child. Matching teacher attitude, competencies, and teaching style with child needs is integral to the success of IEP implementation. Additionally, regular class teacher involvement with IEP development assures realistic curricular expectations. Home factors to be considered center around the support and cooperation between parents and school personnel. Parental attitudes and knowledge of their child's difficulties often affect program effectiveness. The type and amount of supportive services a child should receive may greatly depend on the home environment. The successful implementation of the IEP in the regular class is determined by the interaction among the successful experiences of the child, the parents, the regular class teacher, and other school personnel.

Based on the results of the previous study plus the observations of the teachers and staff, a list of competencies needed by regular education personnel at preservice and inservice levels was developed. Recognizing that regular education personnel already possess many of the competencies necessary to appropriately integrate and instruct the mildly handicapped child, additional competencies were developed in both the cognitive and affective domains. Included among the competencies is a basic foundation knowledge in the characteristics of mildly handicapped individuals and the programmatic and legalistic factors involved in their education. In addition, competencies were constructed in the areas of classroom assessment, instruction, curriculum, and affective development.

Preservice and Inservice Training Models

Using these competencies, teacher preparation models have been constructed at the preservice and inservice levels. Although the training programs differ substantially in the design of the delivery systems, both are similar in that they emphasize comprehensive training with practicum experiences in a setting that includes handicapped students.

Preservice Program Alternative

Rather than redesigning the curriculum of elementary and secondary teacher education programs, the preservice model has been created to work within the existing curriculum structure. Modules pertaining to the learning and behavioral characteristics and needs of mildly handicapped students as well as adaptive teaching techniques are incorporated into existing methods courses. One additional course is included to provide preparation in identification and referral, interpretation of formal evaluations, parent involvement, due process procedures, and IEP development. Practicum and student teaching with integrated mildly handicapped children is required in order to apply the skills acquired.

Inservice Program Alternative

The inservice model has been designed as a field based approach to ensure practice and immediate usability of skills. Principals as well as regular class teachers participate in the training to ensure mutual agreement in the approach taken by the administrative and instructional staff.

The initial preparation stage involves a summer practicum based on the development of competencies currently perceived as being needed. A sequence of daily inservice sessions building appropriate instructional planning and implementation skills is combined with direct application of these competencies in the summer school classes containing integrated handicapped students. The second stage occurs in the regular school setting during the fall term. During this period, on-site supervision and support by the training staff are provided along with additional inservice sessions developed from the teachers' and principals' self identified needs.

Conclusion

The results of the research reported in this paper indicate that regular education personnel do appear to have many of the skills and competencies necessary for teaching handicapped children in the regular classroom. However, the rate of achievement gains for these children is considerably lower when the IEP is implemented by the regular classroom teacher than when the IEP is implemented by trained special education personnel in the resource setting. Results of the data collected would appear to indicate that the likelihood of successful implementation of the IEP is increased when it is considered as part of an ecological process. In addition to careful consideration of the child and the home and school environments, modifications in preservice and inservice preparation for regular education personnel are needed. Let's not make waste in our haste; let's use those skills already possessed by the regular classroom teachers and build upon them to enhance successful IEP implementation and instruction for integrated handicapped children in the regular class.

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SECTION 3:
Target Populations

Individualized Education Programing at the Early Childhood Level

LYMAN R. HUNTER

The Austin Early Childhood Special Education (AECSE) Program has been serving handicapped preschool children between 3 and 6 years of age since the fall of 1973. The children represent every handicapping classification except the deaf-blind combination. There are 14 teachers and 14 teacher aides who work with approximately 100 children in the program. A support staff consisting of a supervisor, two speech pathologists, two occupational therapists, a parent coordinator, a part time physical therapist, a psychological associate, and an educational diagnostician is available to aid the teachers. The framework within which each staff member works with a particular child is defined by the child's individualized education program (IEP).

Developing IEP's for preschool handicapped children presents problems not usually found in working with older students. Yet, the IEP must be the guiding force for any special intervention program. The AECSE Program has devised a practical method of developing, using, and revising IEP's at the preschool level. While the format of the IEP has changed with experience, the basis for its development—a complete diagnostic assessment—has remained the same.

Diagnostic Assessment

From the beginning, AECSE realized that assessment and evaluation of preschool children and their IEP's would present unique difficulties. The majority of the children referred for services have no previous school experience, and an examiner cannot assume the children are familiar with the tasks required of them during the appraisal process. Experience as well as research (Duffey & Fedner, 1978; Vane, 1976) indicate that standardized tests are not suitable for planning or evaluating an individualized education program. Simeonsson and Wiegerink (1975) noted that many of the standardized instruments commonly used to assess handicapped preschool children are not suitable for use with children with one or more major handicaps. Nonetheless, norm referenced instruments currently available must be used if educators are to "gain perspective on the direction and the degree to which the deviation [from the normal population] exists" (Simeonsson & Wiegerink, 1975, p. 475).

The AECSE Program uses two major methods to overcome these and other assessment problems. The first involves the assessment team. Information from each member of the team is needed to establish a viable IEP for a child. The members of the assessment team and their roles are as follows:

1. The *physician* assesses physical health, physical abilities, and/or disabilities, and determines the presence or absence of neurological involvement.
2. The *audiologist* determines auditory acuity and/or other auditory problems.
3. The *vision specialist* determines visual acuity and/or the presence of other visual difficulties.

4. The *speech pathologist* determines receptive and expressive language skills in both verbal and nonverbal modes as well as any difficulties in speech and/or language.
5. The *parent coordinator* determines the educational or counseling needs of the family related to their child's problems and recommends services for the family outside the school setting.
6. The *classroom teacher* (special education and regular education if applicable) assesses the child's average daily performance on various tasks in the classroom and obtains observational assessment data.
7. The *occupational therapist* determines the presence or absence of sensory motor integration difficulties and visual perceptual problems.
8. The *educational diagnostician* or *psychological associate* assesses intellectual abilities, adaptive behavior, and social-emotional status and coordinates the efforts of the assessment team.
9. Other specialists such as a physical therapist, pediatric neurologist, or psychiatrist are included on the assessment team as needed.

While specific members of the team may differ from program to program, information concerning the specific areas noted is critical to the development of a viable IEP.

The second method used to overcome the problems of formal assessment is heavy reliance on developmental skills assessment through structured classroom observation, as recently advocated by Gotts (1977) and Harvey (1978). The AECSE Program has developed three assessment instruments to be used by classroom teachers. As two of these require the child to be familiar with school routines, educational materials, and examiners, the instruments are used in conjunction with a diagnostic placement.

Diagnostic Placement

If screening procedures indicate a child may need special education services, the child is placed in a classroom for a 40 day diagnostic assessment. Both diagnostic and educational placement are organized according to developmental levels based mainly on adaptive behavior skills. The child to be assessed is placed in a classroom with peers who display the same level of adaptive behavior displayed by the child during screening procedures. The child is thus assessed in an environment compatible with the child's abilities.

Observational assessment conducted by the teachers focuses on the major developmental areas: gross and fine motor skills, self help skills, social and behavioral skills, language development, and cognitive development. The teachers also assess the child on the skills necessary for coping with the tasks required in a classroom and around the school. The child's ability to perform appropriately in the following situations is assessed: beginning of the day, free play, small and large group situations, outside activities, lunch, transition times, toileting, structured activity centers, story and music times, rest time, individual activities, and activities at the end of the day.

As the child must be familiar with classroom routines and school procedures to function adequately in these situations, no assessment is performed for the first 10 days of school attendance. This allows the child to become familiar with the classroom routines and tasks. This acclimation period also allows other assessment team members to establish a rapport with the child, which facilitates formal standardized testing. In some cases, children must be taught particular skills before an adequate assessment of abilities can be made; for example, the child may have to be taught to wear headphones and to respond to sounds heard through the headphones before the audiologist can obtain an accurate measure of the child's auditory acuity.

If the child needs more than 10 days to adjust to school, the 40 day diagnostic assessment period allows time for these individual differences. The combination of formal standardized testing and classroom observation of developmental skills provides both the normative and individual data necessary for the formulation of the IEP.

After formal and informal assessment have been completed, the supervisor, the members of the assessment team, and the parents meet as an Admission, Review, and Dismissal (ARD) Committee to consider the child for formal placement in AECSE. Although the entire team may not be in attendance, reports from absent members such as the physician, vision specialist, and audiologist are presented. All diagnostic data are shared, and a determination of eligibility is made. If the child is not eligible for AECSE, a referral is made to an appropriate program and the parents are offered aid in following through with the referral. If the child is eligible for AECSE, the data introduced form the basis of the child's individualized education program.

Developing the Individualized Education Program

The IEP is central to each child's intervention program. It is a management tool, an outline of the services to meet the unique needs of the individual child, and a statement of the goals to which the services are to lead. The IEP is divided into two major parts: (a) the total service plan and (b) the implementation plan.

The Total Service Plan

The total service plan is developed by the ARD Committee. The first items listed are formal IEP review dates for 3 month segments of the school year, for experience has shown that annual review of the IEP is insufficient when working with preschoolers (Harvey, 1978). Other components of the total service plan are (a) the present status and description of the child, (b) the basic instructional level (developmental and intellectual skills), (c) relative strengths and weaknesses (stated in developmental terms), (d) estimated rate of learning, (e) the best learning modality (for teaching and for child response), (f) educational services and placement (instructional arrangement), and (g) services rendered (related services; type, purpose, date of initiation, and projected date of completion).

All members of the ARD Committee sign the IEP. The AECSE staff members who sign are responsible for the delivery of services in their specialty areas. The committee then addresses the implementation plan.

The Implementation Plan

Implementation plans are written for each service area determined by the ARD Committee as necessary to meet the needs of the child. There may be implementation plans for a child in speech therapy, occupational therapy, and physical therapy, as well as in the classroom.

The educational program provided the child in the classroom is divided into three levels: long range goals, short term objectives, and immediate objectives. The ARD Committee establishes long range goals based mainly on the formal assessment data collected during the diagnostic placement period. Such annual goals are developed in the areas of language, cognitive development, social-behavioral development, and psychomotor-perceptual development, the latter including self help skills. Goals given top priority are those that additionally promote more rapid growth in other developmental areas. All goal areas must be considered for each child, as there is no regular public education counterpart in which a handicapped preschool child may be placed to ensure that appropriate development continues in areas not addressed by the special education program. With the establishment of the annual goals, the ARD Committee turns to the establishment of short term objectives.

The establishment of short term objectives must be a team effort. As the classroom implementation plan includes instruction in the language, cognitive, psychomotor-perceptual, and social-behavioral areas, individually established objectives could conflict with those established by other program staff. Since many staff members may work with a child in various situations, short term objectives must be at least compatible with other objectives to maintain coherency in a child's overall program.

Further cohesion is added to the various implementation plans by basing short term objectives on developmental assessment data. As all team members are working from a developmental approach, established objectives tend to be developmentally compatible. This produces a similarity of materials, techniques, and achievement criteria for each of the objectives, which facilitates progress.

With the establishment of short term objectives, the ARD Committee turns the implementation plans over to the persons responsible for providing the services listed. Each service provider then determines immediate instructional objectives that lead to attainment of the short term goals. This phase of the planning is best left to those individuals, since materials, teaching strategies and techniques, and achievement criteria should be compatible with the instructor's teaching style and organizational methods. Consultation with support staff during this time is available as needed.

With instruction beginning after the immediate objectives are established, the evaluation and revision phase of the program begins. Regular evaluation and revision of the IEP is the key to a successful intervention program.

Evaluation and Revision

The annual IEP review mandated by Public Law 94-142 (1975) is not frequent enough to meet the needs of the children in the AECSE Program. Therefore, AECSE conducts three types of evaluation on every IEP: annual, quarterly, and biweekly. All evaluation is based on the criteria established for successful completion of the established objectives.

Using the evaluation criteria established in the immediate instructional objectives, the teacher records the child's performance on a daily basis. This continuous assessment is necessary to monitor progress adequately at the early childhood level. If the child is progressing well, the program will be reviewed at the evaluation meeting on the quarterly anniversary of the establishment of the child's IEP. If the child is not progressing, the teacher places the child's name on a list of children to be discussed at the biweekly staffing session.

Every two weeks a staffing session is held in each classroom. The support staff members of the assessment team meet with the classroom teacher(s) and aide(s) to discuss the short term progress of the children. If children are not demonstrating progress on their instructional objectives, alternative materials, methods, and strategies are suggested by the entire team. The teachers have the option to accept or reject the alternatives proposed, as they know which methods fit with their individual teaching style and organization. With a team meeting such as this, successful revisions of the IEP are relatively easy due to the large number of suggestions the team generates. The new methods, materials, and/or strategies are written into the IEP at the immediate objective level and the child is scheduled for consideration at the next biweekly staffing session.

The sequential nature of the objectives established on the IEP ensures that progress at the instructional level leads to successful completion of the broader short term objectives. When a child meets the criteria for successful completion of an objective, the instructor automatically moves to the next objective for that goal area as established by the ARD Committee. If revision or addition of short term objectives or annual goals proves necessary, another ARD Committee meeting is convened.

At the end of the school year, the child's progress is reviewed by the ARD Committee. This is a relatively simple procedure, because the continuous assessment conducted throughout the year indicates exactly the child's movement toward goals and objectives. This annual review and evaluation is the basis for IEP development for the coming year.

Summary

The value of an IEP at the early childhood level depends on two factors: adequate assessment data and team development of goals and objectives. Assessment information must include developmental as well as formal standardized test data if it is to be useful in program planning. Compilation of accurate and adequate diagnostic data requires more than short, individual testing sessions; observation and testing over a longer period of time are also highly necessary. Diagnostic data must be kept current through continuous appraisal and evaluation.

The team approach to IEP development ensures a coherent program for the child. Individual service providers are able to cooperate on goals and objectives, thereby facilitating the child's progress. A large team as described here is helpful but is not necessary if the information can be provided by fewer persons. The major objective is to provide pertinent data and use the information in a planned, systematic fashion.

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The IEP: A Practical Priority in Early Childhood Education

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An individualized education program has long been a priority central to all soundly conceived early childhood programs and early childhood teacher training programs. This early and continuous emphasis on individualized programing among early childhood educators had its origin with the emergence of the child study movement in the United States late in the nineteenth century. One of the first programs with such emphasis was the center for 4 and 5 year olds established by John Dewey in 1896. Other child study institutes of subsequent renown (Yale, Iowa, Columbia, Minnesota, Berkeley) were established during the early years of the twentieth century. These efforts led to an incontestable recognition of the uniqueness of each child and the value of developmental diversity to be found within groups of young children.

The implementation of Head Start programs further corroborated the need for individualized education plans. It was soon evident that young children with widely differing socioeconomic backgrounds had to be taught on the basis of their own individual uniqueness and the uniqueness of their experiential history.

A more recent impetus to individualized programing in preschool settings came in 1972. In that year Head Start was mandated to allot at least 10% of its enrollment opportunities to handicapped children. True, Head Start had always had an open door policy where mildly handicapped children were concerned. This new legislation, however, was designed to ensure that severely impaired children also were served. The inclusion of severely impaired children in Head Start programs again accented the need for individualized education programs and also pointed up the need for more broadly based IEP's. The 1974 Head Start guidelines (HEW, 1976) state that an individualized program should be developed for each child based on the efforts of an interdisciplinary team working with the child's teacher and the child's parents, and that every effort should be made to provide continuity of developmental and education services when a child leaves the program (Hayden, in press).

How best to implement these important IEP concepts has been the focus of concentrated research efforts in several centers around the country. The remainder of this paper will describe, very briefly, three such experimental programs. Each has a different focus, but all three use a systematic IEP approach as the integrating factor in their overall early education program.

The Special Education Experimental Class for Handicapped Children[1]

The integration of preschool and primary handicapped children with nonhandicapped children requires systematic planning of the overall service program if the needs of all children, both individually and collectively, are to be met. The premium on quality planning becomes especially great when a classroom contains a highly diverse group of children with significant differences in developmental and ability levels. Integrated classrooms usually include children with many different types of handicapping conditions that may range from mild to severe. The nonhandicapped children fall within a normal or above average range of development. The classroom may include children who require a variety of instructional adaptations, differing amounts of adult supervision, and very different levels of social and instructional experience. The diverse characteristics of such children and the nature of the professional staff typically working in such a program dictate the need for systematic program planning.

Programs serving a significant number of handicapped children often include interdisciplinary specialists as a part of the treatment team. The quality of educational programs available from such a staff depends on its team effort. Without collective planning and coordination, the work of an interdisciplinary staff can result in little more than what might be called "professional parallel play"; that is, each discipline doing its own thing, planning its own isolated programs, and implementing its own procedures that may in fact be counterproductive to those used by others. In short, the complex task of organizing an interdisciplinary staff and coordinating their time and services into individualized programs for a diverse group of children does not come about by chance. Effective IEP systems are an important vehicle for bringing about this coordination and critical planning process within an integrated early childhood program.

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[1] This section was written by Barbara J. Thompson and Nancy L. Peterson.

The following IEP system was developed at the University of Kansas in an integrated early childhood program operated within the University Affiliated Facility. The program is jointly sponsored by the Department of Special Education, Lawrence Public School District #497, and the local Douglas County Association for Retarded Citizens.

The IEP model is based on Seven Cardinal Principles for IEP Systems. These basic principles became apparent after several years of developing and refining this system. Basically, a functional IEP system must:

1. Include procedures that are implementable for every child, nonhandicapped as well as handicapped.
2. Provide for constructive involvement of parents from the very beginning, including parents of both handicapped and nonhandicapped children.
3. Provide for the preparation and orientation of both parents and staff for their role in the IEP system.
4. Include assessment instruments or procedures that produce information that can be translated directly into specific curriculum and training objectives for both handicapped and nonhandicapped children.
5. Include procedures to ensure that interdisciplinary staff, parents, and teachers are all a functional part of a planning team and not simply passive participants or observers.
6. Ensure that the daily schedule and service program content are built on the basis of individual child objectives rather than on an arbitrary scheduling of typical preschool activities.
7. Include a data system that will provide for ongoing monitoring of a child's progress and ongoing data based on decision making for both handicapped and nonhandicapped children.

The IEP system consists of five major components: (a) orientation and planning, (b) preliminary assessment, (c) IEP planning, (d) individualized program planning (IPP), and (e) evaluation. Each of these components has been divided into subcomponents, which can easily be translated into independent or shared activities and responsibilities for staff and for parents. The five IEP components and their subcomponents are described in outline form in Figure 1.

Programed Activities for School Success (PASS)[2]

PASS is an experimental special program held each summer at the Meyer's Children's Rehabilitation Institute at the University of Nebraska. It is especially designed for children who are experiencing severe disciplinary problems in preschool or day care or who are scheduled to repeat kindergarten. The program uses structured activities and procedures of learning theory and behavior analysis to decrease the children's inappropriate behaviors and to teach essential school skills.

A major focus of the approach is the active involvement of the children's parents in planning and implementing the treatment program. Parent participation is especially critical in a short term program such as this one. Short term treatment cannot be expected to have lasting effects without continuation of the program by parents as the need arises.

Parents are involved in the PASS program in several ways. First, the initial referral of a child to the PASS program must be made directly by the children's parents rather than by a teacher, pediatrician, social worker, or other professional. Parents may learn about the program from other sources, but it is required that they call and make the first contact in person. This establishes the parents as primary contact persons.

Next, a conference is held to discuss the child's problems in school and at home. The

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[2] This section was written by Karen Budd.

Component 1: Orientation and Planning

Staff activities

1. Participate in orientation to P.L. 94–142.
2. Plan overall details of IEP system.
3. Plan and conduct parent orientation.

Parent activities

1. Participate in orientation to P.L. 94–142.
2. Participate in orientation to IEP system.
3. Participate in exercise on targeting and prioritizing child objectives.

Component 2: Preliminary Assessment

Staff evaluation

1. Administer developmental checklist.
2. Conduct informal evaluation.
3. Administer interdisciplinary evaluations.

Parent evaluation

1. Collect anecdotal records.
2. Administer informal developmental checklists.

Component 3: IEP Preparation

Staff activities

1. Formulate tentative objectives prior to IEP conference.
2. Attend IEP conference.
    a. Define final objectives.
    b. Prioritize objectives.
    c. Identify needed home programs.

Parent activities

1. Formulate tentative objectives prior to conference.
2. Attend IEP conference.
    a. Define final objectives.
    b. Prioritize objectives.
    c. Identify needed home programs.

Component 4: Individual Program Planning

Staff activities

1. Translate IEP goals into sequential component objectives.
2. Identify methods and materials for instruction.
3. Develop data system to monitor progress.
4. Plan class schedule and structured activities on basis of objectives.
5. Develop home programs *with* parents.

Component 5: Evaluation

Staff activities

1. Review daily performance data.
2. Review long term and short term objectives in biweekly data review.
3. Conduct formal interdisciplinary staffing on each child once per semester.
4. Conduct formal parent conference with classroom staff for each child once per semester.
5. Conduct formal posttesting.
6. Write year-end report and performance summary for each child.

Parent activities

1. Participate in child's interdisciplinary staffing.
2. Evaluate child's progress in parent conference.

Figure 1. IEP components.

child's appropriateness for the program is assessed, the goals of treatment are discussed, the individual needs of the child are considered in planning treatment, and information from every available source is reviewed. A preliminary IEP for the child is then developed. Typically, this plan includes goals to decrease specific disruptive behaviors, to increase participation in class activities, and to teach mastery of certain preacademic skills.

Once a child is accepted into the program, parents are involved directly in the treatment program through the use of a home based reinforcement system. In this system, the parents provide their child with access to specified home privileges, dependent on acceptable school behavior. The home based treatment program offers several advantages over systems that rely solely on the teacher. It provides access to a wide range of reinforcing activities that may be more effective for some children than those available at school. Also, it teaches children how to delay gratification, which may be helpful in preparing them for regular school classrooms. For the parent, the home based system provides the opportunity for closer parent involvement in their child's performance and increases interest in their child's school progress. Also, the parents learn useful behavior management techniques that they can implement again later if their child encounters problems in school or at home.

Several other methods are also used to increase parents' contact with the school program. Parents are encouraged to observe the class and to discuss their child's behavior with teachers. Some parents cannot visit the classroom; therefore, two parent meetings are held during each of the summer sessions. Letters are also sent to parents to explain each new phase of their child's treatment program as it is initiated. Parents are encouraged to call or visit whenever they have questions or concerns.

Many parents experience serious difficulties managing their children's behavior at home, even though they say they can see clear improvements in their children's school performance as the summer program progresses. As one mother put it, "Andy has been helped a lot, but *I* still need help." Weekly parent training programs in behavior management were therefore initiated as an adjunct to the PASS class for children. The parent training classes are offered as an option rather than as a required feature of the PASS program. These classes prove to be a most effective way of helping parents of children with serious behavior problems, learning delays, and other handicaps.

Working closely with parents in the PASS program points up the importance and value of frequent communication with parents. The mandate in Public Law 94–142 calling for parent involvement, meager though those requirements for participation now are, leads to patterns of positive interaction that will be mutually reinforcing to both parents and educators. The PASS program provides one model for involving parents in planning and implementing an individualized education program for the children. IEP's can only be better with such involvement.

The Experimental Program for Young Children with Learning and Behavior Problems[3]

This program is one of several child development laboratory preschools in the Department of Human Development at the University of Kansas. It is a two part program consisting of (a) an experimental laboratory preschool class for children with learning and behavior problems located at the university and (b) a community liaison program designed to effect and support children's coenrollment as well as subsequent transition from the special class to the public school kindergarten. The Lawrence Public School System has been a major source of cooperation and support in helping this program work to provide educational continuity for children with special needs.

Though the experimental preschool itself provides an exemplary model of individualized education programing, it is the individualized transition program that will be highlighted in this discussion because of its uniqueness, its comprehensiveness, and its effectiveness.

In the individualized transition program the key to success is the coordinator. Through questionnaires, interviews, and observations in local kindergartens, the coordinator finds out what skills a child needs in order to function effectively in the public school setting. These skills dictate a sizable component of the child's IEP in the experimental preschool.

Another job of the coordinator is to help the preschool program keep a focus on the generalization factor. The experimental preschool is an ideal setting in terms of exceedingly low teacher-child ratio and highly specialized materials and activities. Therefore, a major preschool IEP goal must be to help each child generalize learned skills to more typical school settings.

The coordinator also assists the staff in preparing a final preschool IEP as the child's transition becomes imminent. This final IEP summarizes the child's performance, suggests the child's preacademic skill level, details the preacademic tasks completed, and suggests future tasks that will provide educational continuity for the child in kindergarten. The child's social skills, favorite activities, and specific procedures for dealing with behavior problems are also outlined.

In advance of the transition, the coordinator invites the child's future teacher(s) to visit the experimental classroom. Such direct preliminary observation of the child coupled with summary reports and discussion around the IEP provide a well rounded view of the child for the new teacher. It also provides the future teacher with a comprehensive rather than an apprehensive view of the child. The future teacher's visit has another function, too. It allows the child to meet his or her teacher-to-be well before entering the new school. This can allay some of the fears that many children experience when changing schools.

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[3] This section was written by Susan A. Fowler and Trudylee G. Rowbury.

During transition meetings with public school personnel, various support services that the experimental classroom staff can provide are discussed. These include regularly scheduled consultations, tutorial services, loan of curriculum materials, individualized behavior management programs, and data collection on the child's performance in the new classroom.

The most frequently used service is the regularly scheduled meetings between the new teachers and the coordinator or other members of the preschool staff. Some teachers ask for meetings on a weekly basis, others on a monthly schedule. These posttransition teacher conferences are important, as they give the preschool staff an opportunity to follow the children's progress and to make program suggestions as needed.

Another popular service is tutoring. Students from the university frequently serve as tutors. Often, they continue some of the educational programs begun in the experimental classroom. The tutors also help teachers develop remedial curriculum programs for the children in transition. These programs, once developed, usually are extended to other children in the class.

Different academic and recreational items may be loaned to the public school classroom to serve as supplements to the regular curriculum. They are valuable in providing continuity of tasks from the preschool to the public school for children in transition.

Continued assistance with behavior problems is usually needed. Some children, when entering a new environment, test the limits. In some instances, they may push beyond acceptable limits and disrupt the classroom. These behavior extremes usually can be controlled if a management program is enacted quickly. Many of these behaviors may have been exhibited at one time or another during the child's enrollment in the preschool. If they were controlled successfully there, the procedures can usually be adapted to meet the demands of the new classroom.

One way to assure continuity in a child's educational program is to measure the child's performance before and after integration into a new classroom. A data collection system is currently being developed to measure the children's academic and social performance in preschool and kindergarten. These data can be used to indicate what support services are needed by the child. The information is also of prime importance in adjusting IEP's and in determining educational goals for the children already in public school and for those who will be going through the transition at a later time.

Most of the children from the experimental program are successful during their first year in kindergarten; 80% are promoted to first grade. The success of this transition program can be attributed to three factors: (a) the long range planning in the IEP's for eventual integration into kindergarten; (b) the continued involvement of the remedial preschool staff in the former preschooler's educational programing during kindergarten; and (c) the fine efforts of dedicated and cooperative public school personnel.

Conclusion

The IEP as a practical priority in planning for preschool children with special needs was elaborated in the context of three quite different programs. In spite of their differences, each of these programs has several things in common. Each has a history of successful work with a variety of children over the past several years. Each views parents as an integral and respected part of the planning for the child. And each sees the IEP as the pivot for planning for groups of children who are developmentally diverse.

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Diagnosing and Monitoring Student Learning: Implications for Designing IEP Planning

MARGARET C. WANG

Individualizing instruction to student differences has long been recognized by instructional designers and practitioners as a means of solving the problem of providing quality education for all children, and has received considerable attention in recent years, particularly in the development of a pedagogy of special education. As a result, we have witnessed a sustained and growing interest in developing technologies to facilitate the implementation of individualized instruction in school settings. These developments have greatly increased our capabilities to provide a range of teaching strategies and learning environments to accommodate the varying needs of individual students. It is in this context that the use of some technological advances for designing and implementing IEP planning in the basic skills subject areas will be discussed. Particular focus will be placed on two major areas of concern in the design of effective IEP's for classroom implementation: (a) the identification of specific learning objectives and learning sequences required for the achievement of the program goals and (b) the development of procedures for diagnosing and monitoring student learning.

A Systematic Design in IEP Development

The approach to IEP development described in this section is based on the assumption that a systematic approach to selecting and sequencing learning objectives is critical to the development of effective individualized curricula. Typically, the process involves three distinct developmental stages. In the first stage, target behaviors to be included in the curriculum are selected. Then, behavior sequences likely to lead to the acquisition of the target behaviors are identified. Finally, during third stage, detailed analyses are made of the prerequisite and component behaviors involved in the performance of each of the target behaviors that have been selected for inclusion in the particular curriculum. To illustrate the curriculum development work that has led to our particular procedures for designing IEP's, we give the concrete example of processes used in the development of a beginning math curriculum for preschool and early elementary grades (Resnick, Wang, & Kaplan, 1973).

The Selection of Target Behaviors

The initial set of objectives to be included in a given curriculum is generally identified through a series of repeated rational analyses. Those selected are considered by program developers as representing the knowledge and skills critical to the acquisition of certain program goals. For example, in the math curriculum, when identifying the initial set of objectives for inclusion, the primary question was "What are the skills and knowledge that a competent second grader would be expected to have in math, in order to meet the demands placed upon him or her by the school, parents, and the immediate environment?" The results of this first series of analyses formed the basic set of the desired target behavioral objectives for the curriculum. The objectives identified at this initial stage usually are broadly defined. Behavior descriptions included in the objectives vary from more to less specific depending upon the objective. This variation is determined by the nature of the behaviors in question and the program developer's knowledge concerning how the specific skills are acquired. Since the goal of this initial analysis is to identify target behaviors only, at this point the degree of specificity is not of first concern. Specificity in describing the desired outcomes is the focus of subsequent analyses.

The Development of Behavioral Sequences

After the target behaviors have been identified, the next step is to identify behavior hierarchies that lead to the acquisition of the specified target behaviors. Analysis at this stage includes (a) explicit descriptions of tasks to be performed as target behaviors are acquired, (b) cognitive processes and demands placed on the student as the task is performed, and (c) knowledge and skills required or assumed to be present in his or her repertoire as the task is performed. The expected outcome of this series of analyses is the identification of sequences of learning tasks that correspond with the natural sequence of acquisition, and, at the same time, increase learning and the transference of acquired knowledge and competencies to other situations.

A separate analysis of each target behavior identified for the curriculum would be performed during this second stage. The basic question asked during the analysis would be, "What capability should an individual possess to enable him or her to perform this task successfully?"

Quantification Unit 1—Counting and one-to-one correspondence to 5

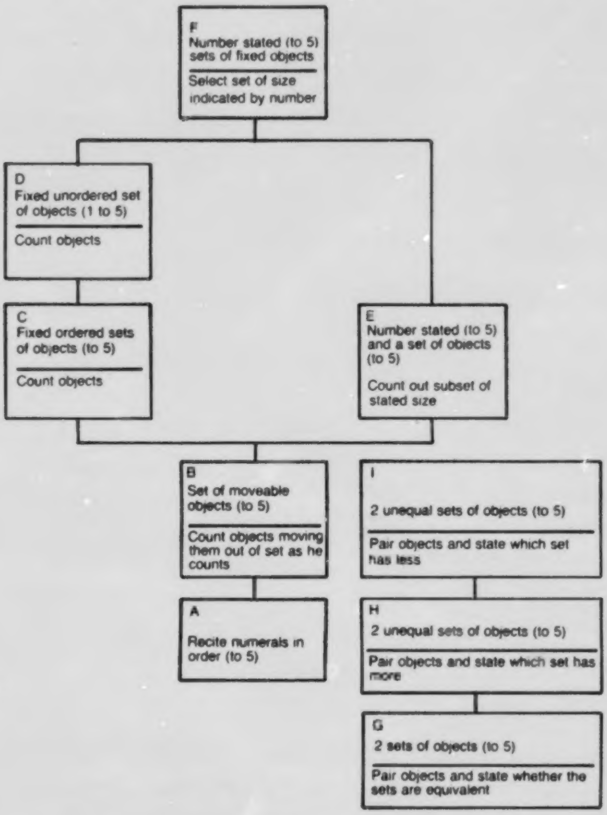

F
Number stated (to 5) sets of fixed objects
Select set of size indicated by number
D
Fixed unordered set of objects (1 to 5)
Count objects
C
Fixed ordered sets of objects (to 5)
Count objects
E
Number stated (to 5) and a set of objects (to 5)
Count out subset of stated size
B
Set of moveable objects (to 5)
Count objects moving them out of set as he counts
A
Recite numerals in order (to 5)
I
2 unequal sets of objects (to 5)
Pair objects and state which set has less
H
2 unequal sets of objects (to 5)
Pair objects and state which set has more
G
2 sets of objects (to 5)
Pair objects and state whether the sets are equivalent

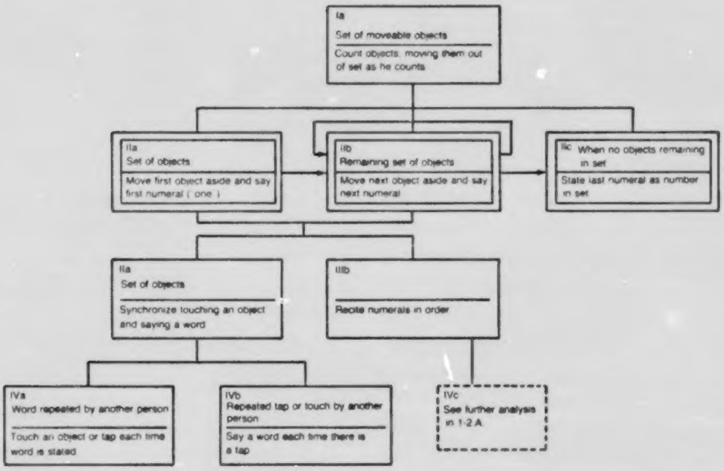
Figure 1. Identification of behavior hierarchies in Task A.

Figure 1 represents an example of the results of the analyses on a target behavior identified for our program. As shown in Figure 1, each box under the target behavior defines a task (e.g., "Given a numeral (0 to 5) and several sets of fixed objects, the child is able to identify the set with the number of objects indicated."). The entry above the line describes the stimulus situation, while the entry below the line describes the response. Defining each task in this fashion ensures that each box in the analysis will contain a behaviorally defined task, that is, one that can be tested by direct observation. The simpler behaviors, according to our analysis, appear at the bottom of the chart. A major goal in developing and empirically validating learning hierarchies such as the one shown in Figure 1 is to make it possible for teachers to structure learning experiences in such a way that mastery of objectives early in the hierarchy assures fulfillment of prerequisites for later objectives (Wang, 1973).

Identification of Component and Prerequisite Behaviors

As shown in Figure 1, several different counting behaviors were identified through the type of analysis performed during the second stage of the development work. Each task included in Figure 1 is behaviorally different, suggesting that each task has a certain set of unique component and prerequisite behaviors. Therefore, the next step is to describe, in as much detail as possible, the actual processes involved in skilled performance of the task.

Figure 2 provides an example of the results of further analyses performed in identifying component and prerequisite behaviors. It shows the prerequisite and component behaviors of "counting a set of movable objects." Behaviors listed in the boxes with double lines are components of the terminal behaviors. The component behaviors are steps that the skilled person will actually perform (although sometimes quickly and covertly) in performing the task listed at the top of the hierarchy. The arrows between the boxes indicate that the component behaviors are performed in a temporal sequence. The "loops" in the chain indicate that it is necessary to go through the particular steps several times in order to complete the task. Prerequisite behaviors, in contrast to component behaviors, are not actually performed in the course of completing the specified task. However, they probably facilitate learning higher level skills. The component and prerequisite behaviors identified through this process are inclined to provide the critical information on structuring learning activities that help the students master a given objective.



Task B: "Counting a Set of Moveable Objects" Component and Prerequisite Behaviors

Ia
Set of moveable objects
Count objects, moving them out of set as he counts
IIa
Set of objects
Move first object aside and say first numeral (one)
IIb
Remaining set of objects
Move next object aside and say next numeral
IIc When no objects remaining in set
State last numeral as number in set
IIIa
Set of objects
Synchronize touching an object and saying a word
IIIb
Recite numerals in order
IVa
Word repeated by another person
Touch an object or tap each time word is stated
IVb
Repeated tap or touch by another person
Say a word each time there is a tap
IVc
See further analysis in 1-2 A

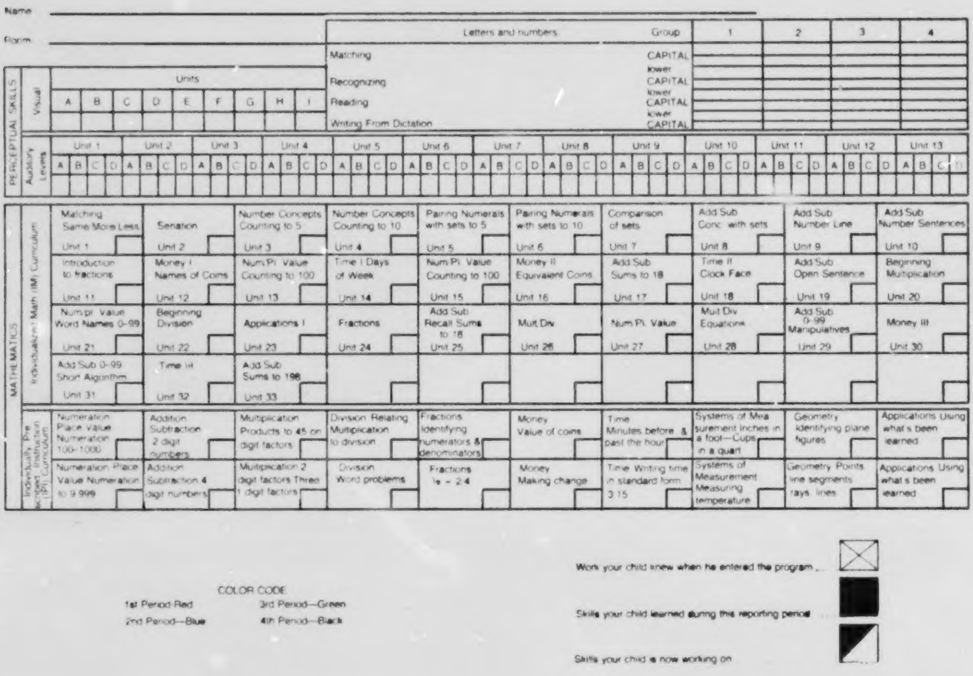
Figure 2. Identification of prerequisite and component behavior hierarchies in Task B. (From "Behavior Analysis in Curriculum Design: A Hierarchically Sequenced Introductory Mathematics Curriculum," by L. B. Resnick, M. C. Wang, & J. Kaplan. *The Journal of Applied Behavior Analysis*, 1973, *6*(4), 687.)

It is important to note that we do not advocate that teachers perform task analyses on each of the target behaviors they and the parents want to include in a given IEP. However, it is important to recognize that selecting curricula designed with the systematic task analysis procedures described most certainly will facilitate the teacher's work in systematic planning with parents to develop and implement IEP's in their classrooms.

The Implementation of IEP's

The products of the series of analyses described above are considered as the basic core of information from which to develop learning sequences and to design and implement IEP's for each student in a given curriculum. The target behaviors in each of the curricular areas constitute the basic objectives selected for inclusion in the IEP's for a given student. An IEP includes a list of all the learning objectives the student is expected to master during the school year in a given curriculum, and the specific sequence(s) in which the skills are to be acquired.

Figure 3 shows an example of an IEP in perceptual and math skills development for a student in our mainstreaming program (Wang, 1978). Note also that the IEP form includes a space in which information on student progress can be charted for each objective.



Name ______________________________

Room ______________________________

Letters and numbers	Group	1	2	3	4
Matching	CAPITAL				
	lower				
Recognizing	CAPITAL				
	lower				
Reading	CAPITAL				
	lower				
Writing From Dictation	CAPITAL				

PERCEPTUAL SKILLS

Visual

Units								
A	B	C	D	E	F	G	H	I

Auditory Levels

Unit 1				Unit 2				Unit 3				Unit 4				Unit 5				Unit 6				Unit 7				Unit 8				Unit 9				Unit 10				Unit 11				Unit 12				Unit 13			
A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D

MATHEMATICS

Individualized Math (IM) Curriculum

Matching Same/More Less Unit 1 ☐	Seriation Unit 2 ☐	Number Concepts Counting to 5 Unit 3 ☐	Number Concepts Counting to 10 Unit 4 ☐	Pairing Numerals with sets to 5 Unit 5 ☐	Pairing Numerals with sets to 10 Unit 6 ☐	Comparison of sets Unit 7 ☐	Add/Sub Conc. with sets Unit 8 ☐	Add/Sub Number Line Unit 9 ☐	Add/Sub Number Sentences Unit 10 ☐
Introduction to fractions Unit 11 ☐	Money I Names of Coins Unit 12 ☐	Num/Pl. Value Counting to 100 Unit 13 ☐	Time I Days of Week Unit 14 ☐	Num/Pl. Value Counting to 100 Unit 15 ☐	Money II Equivalent Coins Unit 16 ☐	Add/Sub Sums to 18 Unit 17 ☐	Time II Clock Face Unit 18 ☐	Add/Sub Open Sentence Unit 19 ☐	Beginning Multiplication Unit 20 ☐
Num/pl. Value Word Names 0–99 Unit 21 ☐	Beginning Division Unit 22 ☐	Applications I Unit 23 ☐	Fractions Unit 24 ☐	Add/Sub Recall Sums to 18 Unit 25 ☐	Mult/Div Unit 26 ☐	Num Pl. Value Unit 27 ☐	Mult/Div Equations Unit 28 ☐	Add/Sub 0–99 Manipulatives Unit 29 ☐	Money III Unit 30 ☐
Add/Sub 0–99 Short Algorithm Unit 31 ☐	Time III Unit 32 ☐	Add/Sub Sums to 198 Unit 33 ☐	☐	☐	☐	☐	☐	☐	☐

Individually Prescribed Instruction (IPI) Curriculum

Numeration Place Value Numeration 100–1000 ☐	Addition Subtraction 2 digit numbers ☐	Multiplication Products to 45 on digit factors ☐	Division Relating Multiplication to division ☐	Fractions Identifying numerators & denominators ☐	Money Value of coins ☐	Time Minutes before & past the hour ☐	Systems of Measurement Inches in a foot—Cups in a quart ☐	Geometry Identifying plane figures ☐	Applications Using what's been learned ☐
Numeration Place Value Numeration to 9,999 ☐	Addition Subtraction 4 digit numbers ☐	Multiplication 2 digit factors Three 1 digit factors ☐	Division Word problems ☐	Fractions ¼ – 2/4 ☐	Money Making change ☐	Time Writing time in standard form 3:15 ☐	Systems of Measurement Measuring temperature ☐	Geometry Points line segments rays, lines ☐	Applications Using what's been learned ☐

COLOR CODE

1st Period-Red

2nd Period—Blue

3rd Period—Green

4th Period—Black

Work your child knew when he entered the program ☒

Skills your child learned during this reporting period ■

Skills your child is now working on ◩

Figure 3. IEP record form for perceptual and math skills development

The Use of Criterion Referenced Tests for Diagnosing and Monitoring Student Learning

Diagnosing and monitoring student progress has become an operating feature of individualized education programs. A key component of such a program is the use of criterion referenced tests as a means of matching instruction to the learning needs of individual children. Criterion referenced tests, used in the context of the implementation of IEP's provide teachers with the necessary information to determine skills and knowledge already possessed by the students so that their appropriate entrance into the learning sequence can be insured. Furthermore, the use of criterion referenced test results to plan and monitor student learning ensures that students neither repeat tasks that they have already mastered, nor work on objectives for which they lack critical prerequisites.

When criterion referenced tests are used in conjunction with a curriculum developed on the basis of empirically validated learning hierarchies, both teachers and students save a substantial amount of time required to diagnose and evaluate student learning. Empirically validated learning hierarchies make it possible to assume that students who pass a test at the top of a hierarchy are capable of passing all lower level tests. Thus, by testing the top objectives in a curriculum's learning hierarchies, a student's level of competency can be quickly identified. Students who fail the top level tests in a given hierarchy can then be tested for lower level objectives to determine specific instructional needs.

Collecting and Maintaining Student Learning Progress Information

Provision for information management supports to enable teachers (and their students) to make more effective learning decisions is most critical to effective implementation of IEP's. Teachers need detailed information on student learning progress when making instructional decisions. Diagnostic testing cannot serve its purpose without an efficient record keeping system to maintain accurate and up to date information about student learning. A systematic record keeping system must be designed in such a way that it makes minimal demands on teacher time and, at the same time, provides critical information about each student's learning. Information such as the analysis of student's short and long term learning history, based on accumulated student progress information (e.g., whether there are specific types of learning tasks that tend to require more learning time for a particular student), are critical for providing the best match between instructional alternatives and the individual student.

To meet these classroom information management needs in implementing the individualized early learning program, we have developed and field tested two separate information management systems: (a) a paper and pencil system that provides a systematic strategy to collect and maintain a minimum set of student learning information for short term instructional planning and (b) a computerized system that provides a more comprehensive information recording and retrieval system.

In addition to the IEP record form, (see Figure 3), a prescription form is used by teachers (a) to record diagnostic test results, (b) to enter "prescriptions" (specific assignments on which the students need to work) for a given unit of instruction, and (c) to check off work completed correctly. A separate preprinted prescription form is used for each new unit of instruction for each student.

In conjunction with the implementation of our mainstreaming program, we have also developed a computerized classroom information management system to take over some of the teacher's clerical functions. The classroom information system was designed to include (a) a simple recording scheme that can be easily followed by students of early elementary grades, (b) a built-in checking scheme to insure the accuracy of the data recorded, (c) a simple retrieval scheme that permits young children and teachers to obtain up to date information on student learning progress, and (d) a clear display of information on the instructional options that are available to a given individual student with certain learning characteristics (Wang & Fitzhugh, 1978). The most salient feature of the classroom information system is the ability to provide teachers with concise, well structured, detailed data on individual students in order to review their progress with them and their parents.

It is important to point out that while the classroom information system is used to assist teachers in generating IEP's for students enrolled in our mainstreaming classroom and to collect and analyze student learning progress data, the classroom information system is not considered essential to the implementation of IEP's. We believe, however, that with the availability of microcomputers and minicomputer systems in school districts, the computerized information management system will play an important role particularly in the context of generating and implementing IEP's in years to come.

Discussion

In this paper, we have attempted to illustrate some of the advantages of using systematically developed individualized curricula in planning and implementing IEP's. However, the technology described in the context of designing individualized curricula in basic skills learning and the development of IEP's provides only a starting point.

One of the biggest problems in the development and implementation of IEP's is determining the appropriate rate of progress for a given student for long term as well as short term instructional planning. For example, we hope to answer with some baseline information on student progress whether completing four units of reading in one month is enough for a student who is six months to a year below grade level. If this is not the case, how much can the achievement rate of that student be speeded up to help the child "catch up" without causing adverse effects? What are some of the critical considerations when one makes such pacing decisions?

Among the research questions to be worked on before we can effectively develop usable IEP's for instructional planning is the one as to whether some tasks require more student learning time for a given set of students than do others, and the one as to whether the rate of learning for a given student(s) is task specific. Answers to these and a variety of related questions can provide information that will greatly enhance the design of IEP's to make them truly adaptive to the learning characteristics of the individual student.

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Affective Aspects of Individualized Education Programs

NASIM DIL

The most recent source of excitement in the world of special educators has been the planning for writing the individualized education programs (IEP's) for each learner. The need for such a task has been necessitated by Public Law 94–142, The Educaton for All Handicapped Children Act, which requires that by September, 1978, appropriate educational plans be designed based on the specific needs of each learner and that the planned programs be actually "delivered and monitored." One emphasis in preparing IEP's has been on the organization of learning tasks related to cognitive, language, psychomotor, self help, social, and other skills in a sequential order best suited to an individual's special needs and learning level. For the actual implementation and achievement of the stated objectives in these areas, attention must also focus on another dimension of equal importance, the affective aspect of learning—that is, how an individual learns whatever needs to be learned. In this paper, the affective processes involved in the facilitation of effective learning are emphasized and a few suggestions are made.

The affective states of a learner formulate an integral part of the total teaching-learning process. The achievement of any of the stated goals depends to a large extent on the learner's acceptance or rejection of the material. The interests, values, beliefs, and ages affect the attitudes of learners toward learning. Also, the positive and negative feelings associated with the subject matter set the tone for cooperation between teacher and learner. It is important to understand the affective states and learning styles that facilitate attaining the learner's attention and developing his or her motivation.

In a teaching-learning situation, two assumptions are generally made. The first is that the learner is interested in learning whatever the teacher has planned to teach and second, that the learner understands the importance of learning. Such assumptions are not always true. Take the example of a pregnant teenage girl who is scared because of pregnancy. She is young and lacks knowledge about raising children. She is afraid to hurt her baby out of ignorance. This fear becomes a motivating source for her to learn. Then, there is another teenager with similar needs and problems, but she is extremely angry and hostile because her boyfriend deserted her after learning she is pregnant. She considers the unborn baby to be an interference in her social life and she may not be interested in learning anything about raising a baby. The implementation and the success of any of the content included in the IEP's for these two mothers would be entirely dependent upon their individual attitudes and affective states. Each case challenges the teacher to formulate a different technique to stimulate interest and facilitate learning.

An additional assumption that a well organized task analyzed lesson plan can be utilized for individuals having similar needs is not always correct. The strategies used to teach the same unit of curriculum/behavior may differ entirely for various age levels, disabilities, and handicapping conditions. The techniques used to obtain and maintain the attention and interest of various learners are different. The identification of an individual's specialized interests is crucial to stimulate learning.

The Affective Process

An analysis of the affective process leads to the identification of eight components:

1. Affective stimuli, which initiate a positive or negative affective response.
2. Sensory receptors, which are activated by the affective stimuli.
3. Neurophysiological changes, which occur during the complex bodily activities involved in the identification and interpretation of the received messages.
4. Subjective experiences, which refer to the inner bodily states that may be pleasant or unpleasant.
5. Affective reactions, the involuntary responses that are the direct result of bodily changes.

6. Affective behaviors, which are the voluntary, learned expressions of affect that represent an individual's coping styles.
7. Cognition, which facilitates the assessment of affective stimuli as positive or negative.
8. Time interval, which elapses between the onset of stimuli and the display of affective behaviors (Dil, 1976).

This analysis of the affective process as it applies to the learning of the content of an IEP is described here.

Affective Stimuli

The content of an IEP includes a set of stimuli to which affective meanings will be attached during the learning process. Generally, an implicit objective of the teacher is that the learning material become a positive affective stimulus for the learner. It is expected that the onset of the total or a unit of the learning content will lead to the attachment of at least a degree of positive meaning, activation of pleasant feelings, and the expression of some liking for the material. The acceptance of the subject matter leads to the willingness to attend which facilitates the development of a cooperative relationship between the learner and the teacher and, consequently, to the achievement of the stated goals. The achievement of educational goals can be easier to accomplish if these affective goals are also explicitly planned for throughout the teaching-learning process.

Sensory Receptors

The process of teaching involves three major phases: planning, implementation, and evaluation. The initial assessment of the individual's potentials and learning needs formulates an important aspect of the planning phase to determine the content of the IEP. The role of the sensory receptors in the activation of affective reactions and behaviors for various stimuli is crucial. It is also important to recognize that different individuals demonstrate preference for one receptor over the other—that is, they express more interest when stimulation is provided through the preferred sensory receptor. One important suggestion is that the assessment of preferred sensory receptors be made an integral part of the initial assessment of the learner during the planning phase. A very simple recording procedure is given in Figure 1.

The assessment can be done in at least two types of settings: in a structured situation where the assessor is a participant observer or in an environment that is specifically organized for this purpose, but with the assessor as a nonparticipant observer. A variety of materials can be presented to the child with careful observations made and recorded in order of preference from most to least in capturing the child's attention. For example, a teacher may show certain materials to a child with the result that the child pays no attention to them no matter how colorful they are; but, when the teacher turns a knob on top of a doll house that pro-

Name of Child ______________________________

Note: Insert as many items as necessary to obtain specific demographic information.

	Sessions (with dates)								
Sensory Receptors	S_1	S_2	S_3	S_4	S_5	S_6	S_7	S_8	S_9	(May be extended)
Visual										
Auditory										
Tactual										
Olfactory (smell)										
Gustatory (taste)										

Figure 1. Sensory receptors preferences.

duces musical sounds, the child covers a distance of 10 feet, approaches the teacher, and without any directions and instructions starts moving the knob and listens attentively to the music. The observation and recording of similar behavior of the child in various organized and nonparticipant intervention situations can provide enough evidence to conclude that the preferred method of obtaining the child's attention is through auditory stimulation. Similarly, the second preference could be tactual stimulation. Such assessment can also be done in naturally occurring situations. Information of this nature attached to the content areas of an IEP for an individual learner provides extremely useful information to the teacher for planning day to day activities. It will be easier to get the child interested in a task that needs to be learned by presenting it through the child's preferred channels. The child's reception can be strengthened through other sensory channels by combining those with the preferred one.

Time Interval

The time that elapses between the presentation of a learning material and the expression of an attempt to learn or actual learning is another important factor in learning settings. Also, the length of time a learner is able to attend to a task is generally attributed to his or her cooperative behavior. It has been generally observed in preschool settings that the attention span of many children can be as short as 3 to 5 seconds. This problem is more commonly reported in situations where the teacher wants the child to attend to certain activities. However, the same child may spend 15 minutes looking at a book with colorful pictures during a nonintervention period. The recording of the attention span of the child during organized intervention and nonintervention periods (Figure 2) can provide such comparative data during the initial assessment and planning phase and be attached to the learner's IEP. If the information reveals that the child is capable of attending to certain tasks for longer intervals than others, it is obvious that the latter type of tasks have not acquired the characteristics of becoming positive affective stimuli and eliciting affective expressions indicating interest and liking. During the initial stages of the implementation phase of the teaching process, learning tasks can be organized by including those activities and materials for which the learner has already developed a liking. A gradual pairing of other materials and activities can facilitate the development of interest in new tasks. If initial data indicate that the child in fact cannot attend to any task except for a very brief duration, the learning activities can be planned initially for the interval that matches the attention span of the child and gradually increased to the desired length of time. The attachment of positive meaning and the development of interest and appreciation for the learning content will be much easier if the teaching approach takes these factors into consideration.

Affective Behaviors

The expression of affective behaviors of a certain nature also contributes to conflicting teacher-learner relationships. Older children do not generally have the problem of a short attention span. The most common problems they have are their general negative attitude toward learning and their inability to understand the worth of learning materials. An initial assessment of the attitudes of learners during the planning period of an IEP can be made by (a) facilitating the verbal expression of individual interests and preferences, (b) allowing the learner to choose the activity he or she wants to do first, and (c) observing during nonintervention periods and recording the activities that a learner attends to most or least.

A tentative inference may be made about the negative, neutral, or positive affective states of the individual at the expression of any or all of the following behaviors:

1. A negative affective state, if the individual does not respond to directions, demonstrates negative affective reactions, says negative things about the learning content, throws the material away, or leaves the learning setting as soon as the material is presented.
2. A neutral affective state, where an individual does not demonstrate any of the behavior that indicates a negative affective state and attempts to respond to the directions of teacher—at the same time, no special effort is made to self initiate the activities.
3. A positive affective state may be inferred when a learner attends to certain activities without directions from the teacher or any

Name of Child ____

Note: Insert as many items as necessary to obtain specific demographic information.

Sessions (with dates)

			S_1	S_2	S_3	S_4	S_5	S_6	S_7	S_8	S_9	S_{10}	may be extended
Activities	Noninter-vention Period												
	Organized Intervention Period												

*Record the length of time spent for an activity in seconds or minutes as the individual case may be.

Figure 2. Attention span.

other outside pressure to please anyone, may devote considerable time to these activities, and may even make positive statements about those situations where the availability of those activities is possible.

Figure 3 presents a procedure for recording the learner's affective states which should be included in his or her IEP.

Coordinating and Applying the Information Obtained

The coordination of the information obtained during the planning phase of teaching provides extremely valuable information about the affective states of a learner for the implementation of IEP's. Krathwohl, Bloom and Masia (1964) contributed a very well thought

Name of Child ____

Note: Insert as many items as necessary to obtain specific demographic information.

Sessions (with dates and time intervals)

Affective States	S_1	S_2	S_3	S_4	S_5	S_6	S_7	S_8	S_9	S_{10}	may be extended
Positive											
Neutral											
Negative											

Figure 3. Affective states of learner.

out taxonomy whereby a learner passes through various stages of a continuum from merely attending to the development of a higher level of appreciation and internalization of the subject matter. This taxonomy suggests that attending behavior is a prerequisite to learning.

During the implementation stage of the teaching process after the subject matter has been determined and the IEP statement has been completed, a teacher is actually faced with at least three types of learners. The first is the learner who is willing to learn. Obviously, the teacher has the attention of the learner, and the learning plan can be presented in a manner that facilitates the development of interest, appreciation, valuing, and attachment of positive affect to the content areas. Second is the learner who has neutral affective states toward learning. With appropriate stimulation a teacher will be able to obtain the learner's interest and even develop positive affect; otherwise, lack of interest and motivation, daydreaming, and negative affects toward learning develop. In this case, the task of achieving the goals is more difficult than the first case. The third type of learner is extremely challenging for the teacher. For some reason, this type of learner attaches negative meanings to the learning material before the implementation of the designed IEP. This learner may avoid or even reject actively any learning situation resulting in a noncooperative and conflicting relationship with the teacher. The teacher's first task is to help the learner overcome negative feelings, come to the neutral state, and gradually move toward the development of positive affect.

Conclusion

The evaluation of the affective states of learners can be done periodically and at the end of the total teaching period by utilizing the recording systems suggested in the three figures. The change in the length of the attention span, preferences for sensory receptors, and positive affective behavior toward learning will determine the effectiveness of the IEP and the achievement of affective goals along with the cognitive goals.

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Adaptive Performance Evaluation and Program Planning

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In developing a program for a handicapped child, it is quite common for an educator to examine the child's skills in terms of a standard curriculum or list of desired competencies. Those skills which the child fails to demonstrate are then targeted for instruction. Unfortunately, most standard curriculum objectives or assessment targets are described in specific terms. If the child cannot move in exactly the prescribed manner and under exactly the prescribed conditions, no credit for skill mastery is given. In many cases that may be unreasonable.

For example, a typical preschool objective might involve the assembly of a three piece puzzle. If the child has no arms or legs, should the objective be abandoned? If the purpose of the objective is to develop fine motor skills, yes. However, if the purpose of the objective is to develop a concept of space object relationship, then some serious doubts should be raised concerning the relevance of that particular task. Does a child need arms or legs to develop a space object relationship? Must he assemble a puzzle to demonstrate that skill? Probably not, but the way in which the objective was stated makes it difficult for the educator to decide whether adaptations are desirable, and if they are, which adaptations would still be valid demonstrations of the skill in question. Unless we know why an objective is being set or assessed, we cannot begin to develop meaningful alternatives for children who cannot or do not function in a normal way.

In general, there are three distinct types of instructional targets that should concern the educator: (a) specific sensory and motor capabilities—the *physical intactness* of the child (b) the *interactive skills* of the child in manipulating himself and his environment in a functional manner, and (c) the *cognitive* or *concept* development of the child.

Physical Intactness

It is, of course desirable to develop the sensory and motor capabilities of a child to whatever extent possible. Those capabilities will define the child's raw materials or tools for physical interaction with the environment. When developing or assessing those skills, either the form of the stimuli used or the motor act expected is of paramount importance—but they are not likely to both be important at the same time.

When testing a child's ability to hear, for example, we should be willing to accept *any* reliable motor behavior as an indication of auditory perception. The specific form of the behavior is of no importance. During the development or assessment of walking behavior, on the other hand, the cues, verbal or gestural prompts, and encouragements we provide the child do not alter the acceptability of the behavior, just as long as the child performs the specified motor act of walking without physical assistance.

Cognitive or Concept Development

In assessing and developing cognitive behavior, the form of the stimuli used—cues, prompts, materials—are important only to the extent that they define the problem to be solved. For example, in testing for object permanence, it is not necessary to use a particular object, just as long as the object is first in the child's perceptual field and then removed from that field. The type of physical response we accept as a demonstration of the concept is virtually of no concern, just as long as the behavior represents some believable demonstration of the child's knowledge. It is of no concern whether the child reaches out and pulls the cover off an object, or orally explains where the object is, or simply stares continuously at the object's hiding place. All those behaviors can be construed as believable evidence that the child knows where the object is hidden. When dealing with cognitive behavior or concepts, therefore, great latitude must be allowed in the specific conditions and behaviors that might be employed during instruction and assessment.

Interactive Development

In the assessment of motor skills, only very specific motor behaviors are acceptable. In the assessment of cognitive skills, virtually *any* motor act might be acceptable as long as it is consistent and displayed in a differentiated fashion. There are a great many other skills, however, where the form of the motor act is important, but not critical. In these skills, it is important to specify first their purpose, and then to identify a hierarchy of desirable behaviors. The purpose of walking, for example, is *locomotion*, or transporting oneself from one point to another. Having defined its purpose, alternative behaviors can be identified (e.g., the use of crutches, a wheelchair, even "rolling"), but those alternatives will be somewhat less desirable than the normal expression of the skill, which is walking.

The purpose of speaking in sentences is communication. Having defined its purpose, alternatives can be found (e.g., "signing in sentences"), but again, those alternatives are likely to be somewhat more restrictive (e.g., signing can only be understood by certain people). With interactive skills, therefore, it is important to first assess a child's ability to display the skill using normal behaviors and then, if the child cannot function normally, the child's ability to achieve essentially the same critical purpose by using some alternative set of behaviors must be assessed.

Summary

Behavioral objectives are usually defined by the specific stimuli or conditions under which the skill is performed, the motor acts involved, and the critical functions or purposes that the skill is supposed to accomplish. Not all of those elements are important in all cases, however, and only when we ask why we are assessing or teaching a particular skill will we be able to identify acceptable adaptations for both assessment and instruction with severely and profoundly handicapped children.

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Special Considerations in Evaluating the Severely/Profoundly Handicapped

KEITH D. TURNER
ELLEN SOMERTON-FAIR

Visualize a class of six children; the majority are profoundly retarded, nonverbal, nonambulatory, self stimulatory, and/or self abusive. The state of Pennsylvania has been providing educational services to approximately 5,000 of these pupils in classes for the severely/profoundly handicapped. Other states are finding pupils with similar characteristics as they strive to comply with Public Law 94–142. Detailed in the law are several evaluation procedures to be followed so that all pupils will receive a comprehensive evaluation that will pinpoint their present level of educational functioning and lead to specific recommendations for developing instructional objectives. These evaluative procedures, however, appear to be more appropriate for pupils with less severe forms of handicapping conditions than those classified as severely/profoundly handicapped.

Following the evaluation guidelines indicated in the *Federal Register* (Section 121a, 532, August 23, 1977) may not assure an appropriate evaluation due to a lack of trained personnel and validated evaluation and curriculum materials for this population (Haring & Sailor, 1977). The purpose of this paper is to (a) review the intent of the evaluation procedures for severely/profoundly handicapped individuals as indicated in the law; (b) describe an ongoing diagnostic evaluation model that avoids some of the difficulties resulting from the lack of validated assessment and curriculum materials for the severely handicapped; and (c) discuss additional considerations in assessing and programing for severely handicapped pupils with severe motor impairments.

Evaluation Concerns Related to the Law

The references made to the evaluation procedure described in Public Law 94–142 are taken from the August 23, 1977, edition of the *Federal Register*, Section 121a, 532. The evaluation section begins by stressing that "tests and other materials are to be administered in the child's native language or other mode of communication." Unfortunately, severely/profoundly handicapped pupils are not bilingual, toward which much of this section is focused; they are just nonverbal. To understand nonverbal communication requires a great deal of time with these pupils, just as it takes a mother time to learn the different meanings in her infant's crying.

There are two sections dealing with the use of valid instruments by trained personnel who administer these instruments in accordance with the publisher's directions. Published evaluation instruments are available for the severely/profoundly handicapped population, but their validity and utility in making specific instructional recommendations are suspect. According to Haring and Sailor (1977):

> "There are no standardized tests or checklists which will, in a single administration, produce educational objectives and program plans for these (SPH) children." (p. 13)

Repeated observation and assessment sessions that span at least a month are viewed as the minimum required to approximate a valid appraisal of severely handicapped pupils.

Standardized evaluation instruments for the severely/profoundly handicapped such as the American Association on Mental Deficiency Adaptive Behavior Scale (Nihira, Foster, Shellhaas, & Leland, 1974) and Balthazar Scales of

Adaptive Behavior (Balthazar, 1971) are judged by some as being the best available at this time. Even these instruments, by themselves, do not lead to the development of appropriate educational objectives. Their use in conjunction with systematic manipulation of both instructional antecedents and consequences is necessary in establishing relevant instructional objectives.

The remaining sections of the law indicate that (a) the manner in which the assessment is conducted should not bias the results obtained (e.g., a deaf child should not be given a verbal intelligence test); (b) no single procedure should be used in establishing an educational program (i.e., use more than the Peabody Picture Vocabulary Test); (c) the team should be of a multidisciplinary nature (even the teacher is to be included); and (d) a comprehensive evaluation should be conducted in all areas related to the suspected disability. Due to the multiplicity of needs of the severely handicapped population, an evaluation team is necessary.

A multidisciplinary team is typical of the existing evaluation teams. Each specialist performs a designated evaluation activity and then sends a report to a case manager who collates the evaluation data and attempts to formulate an educational plan. A multidisciplinary team's evaluation results may be questionable due to a lack of communication during the evaluative process.

It is hoped that this hypothetical example will illustrate the need for communication among the team members during the process of evaluation. Does the 15 year old severely handicapped boy residing in an institution not respond to the evaluation activities because he cannot hear, see, or comprehend? Or, can he do all of these but is not motivated because everyone has virtually ignored him for 15 years and he has decided, What is the use in starting now?

The transdisciplinary approach is another possible alternative that may be the most cost-effective and valid approach available to evaluate severely/profoundly handicapped pupils. With the transdisciplinary model, team members having the greatest expertise and familiarity with the pupil do most of the assessment. The team is usually composed of the teacher and/or parent and a specialist having the most expertise in the pupil's area of greatest need. With motor impairments, the occupational or physical therapist is often the primary specialist. Other team members (psychologists, language specialists, etc.) may conduct some preliminary evaluations, but mostly they provide information to the primary team members, who in turn try certain things in the diagnostic observation period to substantiate or reject the team members assumption. Information is thus communicated at the impact level of the home and school rather than existing as jargon in a clinical report as happens too often with a multidisciplinary team. It is also more cost-effective to have only one rather than five specialists observing in the classroom and home setting for a month.

The following section outlines a process to ensure that all relevant areas for developing instructional objectives have been assessed during the diagnostic period. These procedures do not require that a transdisciplinary approach be used; however, input from other specialists in addition to the teacher is a necessary condition for a valid appraisal to occur.

Evaluation as an Ongoing Process

Empirical evidence is lacking to support a quick appraisal process for severely/profoundly handicapped pupils. Because all areas of development are usually suspect, a team approach is necessary to conduct a series of systematic assessments related to educational performance. Each of the specialists can verify, for state and federal guidelines, the appropriateness of the severely/profoundly handicapped label for the individual, as few, if any, responses will be above a 1 year old developmental level in the language and cognitive areas for school age children. To fulfill the intent of the law, the challenge is to specify what severely handicapped pupils can do; it is too readily apparent what they cannot do.

During the diagnostic observation period, team members should establish criteria for observing and recording the pupil's performance in the various activities. It may require team members to spend a little more time initially describing "what" and "how" an activity should be performed, but this is worth the effort because one individual rather than four or five can observe the individual's performance and meaningfully report it back to the group.

The Pennsylvania Training Model Educational Planning System (Somerton & Turner,

1975) provides a framework for interrelating the results from tests, checklists, and naturalistic observations into an educational plan. Its major intent is to focus the team in the direction of (a) conducting a broad assessment to ensure that relevant developmental and instructional areas are covered; (b) performing an in-depth assessment with checklists or developmental sequences to pinpoint performance in areas of greatest need relevant to instruction; and (c) implementing a prescriptive teaching activity to verify, over time, the relevance of certain instructional variables on the pupil's response. For instance, does the accuracy of eating increase when a curved-handled spoon is substituted for a straight-handled spoon during the feeding time?

Broad Assessment

A quick screening, conducted by a teacher or specialist, across the pupil's sensory (auditory, tactile, and visual), motor (gross and fine), language (nonverbal, expressive, receptive), self help (feeding, drinking, toileting, dressing, washing), cognitive, and social areas is possible in 30 minutes with the Curriculum Assessment Guide (CAG). The CAG (Somerton & Turner, 1975) has 70 items across the 14 major areas and is criterion referenced. Each of the five pinpoints spans a developmental age range of 12 to 15 months. The following five assessment items in the gross motor area are listed to indicate the nature of the items: lifts head in prone position, assumes elbow rest, side sits, creeps, and brings self to a standing position.

The intent of the gross assessment is to quickly focus in on broad areas to begin conducting a specific assessment. Merely administering a broad assessment instrument and developing objectives from it will not suffice, even though this is frequently done in the field.

Specific Assessment

It may appear mundane, but there must be a mission statement for conducting a detailed assessment. Checklists abound for infant and severely/profoundly handicapped populations, but the utility of pinpointing exactly where the individual is functioning in each of the 14 areas is not realistic in terms of time. The gross screening will indicate areas of greater concern than others, and these areas are where pinpointing should be conducted. There are three major elements of any educational task that must be considered:

1. *Cues*. There must be a way to communicate to the pupil. What are the child's sensory capabilities and receptive language skills? Does the child respond to sound, and are there any differentiated responses to his or her name?
2. *Responses*. There must be a way for the pupil to respond to indicate understanding of what he or she is supposed to do. Motor abilities in terms of speech as well as gross and fine motor are of major importance.
3. *Motivation*. There should be a reason for the pupil to do the activity. Social responsiveness as well as high strength activities (even self stimulation) need to be monitored so that relevant feedback can be provided. The satiation factor associated with using similar consequences should also be assessed.

Continuous Assessment

An educational plan must be established after the broad and specific assessments to determine the functionality of the variables in affecting the pupil's educational performance. These manipulations need to be done in a systematic fashion to ascertain which changes resulted in the increments or decrements in performance. Modification of an instructional cue for a dressing task, for example, should not be done at the same time that there is a shift from primary to secondary reinforcement.

The Individual Prescriptive Planning Sheet (IPPS) from the Pennsylvania Training Model (Somerton & Turner, 1975) is presented in Figure 1. Information contained in the columns is used to guide the team in developing a program for a severely/profoundly handicapped pupil with severe motor impairments. The lesson plan is divided into four major categories: antecedents, behavior, consequences, and criteria. Listed in the antecedents column are all adult related activities associated with presenting the diagnostic task. Variations in positioning would be done to determine their effect on performance. After the positioning was assessed, instructional cues would be changed to see if it was always necessary to use tactile, visual, and auditory cues for the individual to orient to the adult or whether just the auditory cue was sufficient. These answers come from continuous assessment of each cue given and

Figure 1. The Individual Prescriptive Planning Sheet from the Pennsylvania Training Model

Student's name ________

Date ________

Area involved ________

Terminal objective ________

Educator ________

ANTECEDENTS (GIVENS)		BEHAVIOR		CONSEQUENCES		CRITERIA	COMMENTS
Preparation	Procedures	Correct	Error	Correct	Error		
Have you arranged for all adapted equipment needed by the student? Is the equipment especially adapted for the student? Is the student positioned for optimal participation in the instructional activity? Are the materials to be used appropriate to the student's sensory motor functioning level? Is the child in the optimal learning milieu for participating in the instructional activity? Is the instructor in the best position for the student to see and hear instructions and to respond appropriately?	Did you adequately consider the student's complete sensory and/or motor behavioral repertoire before listing your step by step procedures as the instructor? Did you consider his/her sensory and language behavioral repertoire before determining the content and format of the instructional cue?	Have you considered the child's sensory and/or motor development in determining what will be regarded as correct.	Have you considered the child's sensory and/or motor development in determining what will be regarded as incorrect?	In determining an appropriate consequence to the student's correct response did you keenly observe the student to determine his/her likes and dislikes? Did you choose a consequence that would not be incompatible to the positioning that you have done with the student in readying him/her for the instructional activity?	In determining an appropriate consequence to the student's error response did you keenly observe the student to determine his/her likes and dislikes? Did you choose a consequence that would not be incompatible to the positioning that you have done with the student in readying him/her for the instructional activity?	In determining criteria have you considered the nature of the task; i.e., is it a new skill, or is it a maintenance skill? Will the student have only one chance to respond, or will there be repetitions? Have you considered the student's sensory motor functioning level in determining the criteria?	Have you listed all relevant information regarding the student (i.e., medical, behavioral, motoric) that might affect his/her functioning ability with the given task? Have you added any pertinent information that would further explain preparation, procedures, etc. to persons using the IPPS?

(From Pennsylvania Training Model: Individual Assessment Guide by M. Somerton & K. Turner, Harrisburg, PA: Pennsylvania Department of Education, 1975. Copyright 1975 by Pennsylvania Dept. of Education.)

the pupil's response. If it is not possible to count all cues, the first five trials each day should be counted. Sampling behaviors is usually more efficient, as long as they are representative of the total activity.

Similar assessment strategies for determining motor ability as a function of different reinforcers would be necessary to determine maximum motor development under optional conditions. Why should the pupil hold his head up just because the therapist lifted it up? However, if his favorite windup radio is playing and he might get it, then that is worth the effort. Two important results could be obtained from this diagnostic probe: First, motor performance can improve with adequate reinforcement, and second, the radio is verified as a functional reinforcer. Trying to verify that the radio is a reinforcer when it is physiologically impossible for the individual to hold his head up longer than two seconds, however, would result in frustration. This again illustrates the need for the specialist and the teacher to communicate extensively during the diagnostic period.

The information obtained during the ongoing diagnostic probes could be transferred to the Individual Prescriptive Planning Sheets for developing instructional objectives in terms of which cues to use, type of responses to require, and reinforcers found most effective to motivate performance. This information would be integrated into tasks leading toward the development of independent functioning. Objectives for teaching the pupils to communicate their needs, to engage in more self help skills, and to be responsive to their social environment should be sequenced in difficulty levels from the initial performance levels identified during the assessment phase. This information could be transferred to the pupil's individualized education program.

The Individual Prescriptive Planning Sheet is too specific to be used as an IEP. It complements the IEP, in that specific processes are described to meet the intent of the IEP with the services indicated. An IEP without a specific instructional plan detailing instructional antecedents and consequences will pose problems in terms of accountability.

Considerations Related to Motor Impairments

The Individual Prescriptive Planning Sheet in Figure 1 contains a series of diagnostic questions listed in the various sections to indicate the relationship of motor development to the other areas. The Preparation column of the IPPS questions whether the equipment and positioning employed are appropriate for the pupil. A related concern is whether there are other distractions in the environment that may interfere with the pupil's performance, such as another child reaching across at the pupil during feeding time.

Even though motor impairment is the focus, the questions in the Procedure column interrelate the sensory, motor, language, and cognitive areas in determining whether the instructions given are within the individual's receptive range. The Behavior column is designed to ensure success through incorporating knowledge of the pupil's motor responses; however, if there are problems, probes are presented to determine why the problems exist.

Unique consequences sometimes need to be considered for severely/profoundly handicapped pupils with motor impairments. A quick, loud, enthusiastic congratulation on the successful performance of a task can throw some of these pupils into a tonic state. One can be enthusiastic, but in a manner that will not undo the whole program. Sensitivity in interacting with these children is a must.

The criteria for doing the task must also be viewed in terms of boredom. Severely handicapped pupils are human and do get tired of taking their sock off at ten o'clock every morning for five times in a row for no purpose except to hear the teacher say "good" and put it on for another trial. Sensitivity to initial increases in performance and then extreme variability is necessary to avoid boredom. Repeated trials are desirable, but they must be integrated into meaningful activities such as taking the sock off to play in the water.

Summary

The intent of the evaluation procedures contained in Public Law 94–142 can be achieved with severely/profoundly handicapped pupils if a team approach is used and the assessment process is viewed as long term rather than short term. Standardized evaluation materials and curriculum sequences for the severely handicapped can serve as a guide for the evaluation process, but an ongoing, systematic, diagnostic assessment of at least four weeks is necessary to achieve valid educational pinpoints that lead to the development of relevant instructional objectives. School administrators should ensure that compatible assessment teams are developed and that the specialists do participate in the diagnostic evaluation. Otherwise, the validity of traditional evaluation procedures, seemingly in compliance with the law, will be suspect when used with severely/profoundly handicapped students.

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Developing Effective IEP's for the Hearing Impaired: Considerations and Issues

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Members of IEP teams in numerous local education agencies are concerned about effective assessment and program alternatives for low incidence special needs children. Varied experiences in states with mandated legislation similar to Public Law 94–142 support new models and approaches to developing appropriate IEP's for low incidence problems. **Of specific concern are hearing impaired children within a given local education agency for whom effective transdisciplinary planning and management are required. Several key issues in IEP development are crystallized when attempting this planning, and these issues generally fall into the following areas: (a) the severity of the hearing impairment, (b)the expertise of team members, (c) the program options available in the local education agency, (d) the inservice training opportunities for staff members, (e) the geographic relationship to resources, and (f) the involvement of parents. Specific attention to these issues can address problems and assist local education agencies in formulating effective IEP's that are evaluative and accountable. Each local education agency team must approach these issues before completing the initial IEP process.**

The mandates and goals of effective IEP's generally cluster around defining general and specific objectives for the child, an overview of the child's learning style and/or constraints, and an outline of professional services to be implemented to assist the child in achieving the stated objectives (Torres, 1977).

To develop effective IEP's for hearing impaired children it is necessary to examine carefully each step in the IEP process. Certain issues are more significant than others for this population. The assessment process is of paramount importance to the IEP process. Professionals involved with hearing impaired children suggest **developmental assessment as the model to be used. This process provides for** sequenced incremental assessment, which approximates compensation for inadequate assessment tools. Developmental assessment is a vehicle for realistically determining objectives for the hearing impaired.

Specific goals of this paper are (a) to provide a brief overview of problems in developing IEP's for low incidence children, (b) to discuss important models of service delivery, and (c) to assist team members in understanding the needs of this specific population and methods of adaptation to the local level. Several sample cases are included to provide a range of discussion and perspectives to be considered.

Planning Alternatives Based on Severity of Impairment

Unquestionably, severity of hearing impairment is a formidable factor affecting IEP development. This continuum of severity relates directly to service prototype and related services. Mild to moderate problems typically present different options than do severe to profound problems (Davis & Silverman, 1970). However, the parameters under consideration are individual evaluations or assessments, not hearing threshold levels. Too often, generalizations regarding audiological profiles are the sole criterion for needed services. Individual, valid, ongoing assessment should be the basis for determining adequate IEP's. Several basic statements can assist local education agencies regarding alternatives and severity of hearing impairment.

The most consistent trend in placement of the handicapped child within regular education has involved moderately hearing impaired children (Northcott, 1973). As local education agencies become more involved with other special needs children, the hard of hearing child requires expanded rather than restricted support services (Davis, 1977). Unquestionably, these hard of hearing children require speech therapy and tutorial services, particularly regarding vocabulary development and the preteaching paradigm of resource room attendance (Nober, 1974). Classroom teachers often are unaware of the imposition of this type of hearing impairment on mediated materials, preferential seating, written versus oral instructions, group discussion practices, social interactions, and amplification devices. IEP team members are cautioned regarding inappropriate planning for these children in light of their previous "placement success."

More severely impaired children require expanded prototypes of service delivery. These may include tutorials in language arts, math, or other curricula areas; intensive speech conservation and/or therapy; amplification techniques encompassing closed circuit systems; related services of an educational audiologist; and hearing aid purchase and monitoring.

Profoundly hearing impaired children present another difficulty for IEP teams. Frequently, segregated settings are most appropriate; however, the local education agency is responsible for determining this placement. For too long, placement within a segregated setting has meant little or no contact with the facility—no site visitations, no shared resources, no reverse integration at the setting, and limited expectations regarding vocational preparation. The local education agency is advised to open and sustain contacts within this segregated setting as a responsibility and an asset for future programing options (Nober, 1977).

When possible, placement of profoundly impaired children in regular schools might involve interpreters, amplification devices, or audiological management in order to provide adequate services. Several models of self contained classrooms for profoundly hearing impaired children within regular schools exist, maximizing benefits of social contact with nonhandicapped children and affording limited opportunities to receive instruction with nonhandicapped children in curricula areas where possible (Ross, 1978).

Overriding these "severity" issues are two key factors: (a) appropriate identification, assessment, and placement as mandated, and (b) specific related services included in the IEP by team members. The former issue ensures monitoring and evaluation of the placement if appropriately implemented. The latter issue is less well defined and should be an area of concern to local education agencies. Experience dictates inclusion of audiological evaluations, amplification devices, and medical involvement in the written IEP to ensure adequate services.

Since severity of hearing impairment is a major factor in determining placement prototypes, local education agencies will have to consider their responsibilities regarding involvement in collaboratives or loose affiliations across neighboring agencies with similar planning problems.

Expertise of Team Members

Low incidence handicapping conditions present difficulties for local education agencies with expert, credentialed, experienced staff members. There are few school psychologists with expertise in assessment of the child who may miss all cues on a simple test like the Peabody Picture Vocabulary Test. In addition, didactic experiences with the impact of hearing loss are often minimal among special educators in a given district. It is not unusual for an experienced classroom teacher to have had one course in speech and language problems, but it is rare for the teacher to have provided direct service to hearing impaired children. Even the speech clinician (typically appointed the team leader in dealing with hearing impaired children) may not have didactic or experiential training in working with the hearing impaired. The American Speech and Hearing Association (ASHA) requires six semester hours in audiology for clinical competence in speech. ASHA certification is indeed an index of expanded training within most state certification programs.

This realistic view of the team members in a given local education agency indicates the need for honest review of potential competencies to provide service to this population. The early implementation phases of Public Law 94–142 redirect staff energies toward documentation and evaluation (Blanchard & Nober, 1978). During this time it is important to assess staff expertise and begin effective needs assessment for inservice programs.

Local Programing Options

Low incidence problems of various categories place unusual demands on the resources of the local education agency. In metropolitan environments or in large unified districts, these problems are modified by centralization of team members for assessment and planning, segregated settings within the district to accommodate low incidence handicapped children, and liaison with institutions of higher education and various clinical facilities. Metropolitan local education agencies have had an historic commitment to programing for special needs students, and modifications regarding Public Law 94–142 are dramatic, but the base for direct service alternatives is present. These modifications of programs are far different from suburban or rural local education agency problems regarding low incidence populations. These agencies are faced with new directions in programing for very few children. As an example of the complexity of the problem, consider a small local education agency containing only two hearing impaired children, one age 6 and one age 16. Are these children placed in the nearest residential school, or does programing take place within the local education agency? The specific problems of defining program alternatives for hearing impaired children involve the need for collaboratives among local education agencies, parent-child programs, audiological resources within the region, day class placement within neighboring agencies, summer programs, and involvement of rehabilitation professionals. Several models have been developed to assist local education agencies in assessing and selecting alternative programing options relative to their particular constraints. State education agency responsibilities for monitoring program options should be diligent, involving opportunities for representatives of various local education agencies to share, to provide needs assessments, and to establish linkage with neighboring institutions of higher education and with public and private residential schools for the deaf. This important link with the state education agency as a resource rather than merely as a monitor can facilitate alternative programs.

The use of collaborative efforts to implement special programs beneficial to many children requires sensitive management and intervention by personnel from local and state education agencies. Transportation, recruitment of personnel, media and materials, location, and financing are areas for discussion. These collaborative efforts provide the clearest avenue for varied low incidence programing currently available. Specific caution is given regarding placement of severely hearing impaired children within revised classes for the educable mentally retarded or other segregated classes without appropriate personnel to provide instruction and implement new program goals.

In most local education agencies the speech clinician will be a responsible member of the IEP team. If the least restrictive environment is to be truly available to the hearing impaired child, then specific considerations of purchase of amplification devices (FM or wireless units), intensive speech conservation and/or aural rehabilitation, ongoing audiological/otological assessment, and monitoring of personal hearing aids frequently become the province of the speech clinician. These responsibilities affect direct service commitments, and these changes must be noted in caseloads (Blanchard & Nober, 1978).

Determining Inservice Opportunities

Inservice education, while a popular term, does not necessarily benefit teachers and therefore special needs students. The problems associated with the need for appropriate, effective inservice training regarding hearing impaired children are multiple. Many school district administrators and teachers are responding negatively to traveling groups of consultants who provide short term inservice training with minimal long term benefits to participants. The needs assessment process for selecting inservice topics and personnel is an important one. Hearing impairment and other low incidence problems are not high priority areas for large numbers of educators. In this regard, the state education agency can facilitate inservice programs directed to small numbers of participants from many school districts. This format provides for ongoing resource team development. Nearby schools for the deaf, audiological centers, and educational audiologists are a potential pool of effective trainers. Inservice education must be tied to continuing education units for maximum benefit to participants. Staff development needs are a responsibility of administrators within local education agencies, and the input of the special education director is essential to ensure long term benefits to staff and children. By providing appropriate input, the special education director can lay the foundations for several trained, effective teams of personnel who provide direct service or related services to low incidence children. Staff development and inservice training are truly beneficial when the outcome is an in-place, functioning team of professionals to act as a resource to parents and children. Low incidence problems require this type of staff development programing.

Relating Resources to Geography

It is generally agreed that hearing impaired children require intervention from two general classes of professionals, one school based and one community based. For example, purchase and maintenance of amplification devices, audiological followup, and hearing aid purchase with financial assistance requires involvements outside the typical province of local education agencies. It becomes mandatory for team members to seek and link with neighboring facilities to assist in providing appropriate services to the hearing impaired child. Geographically, this may result in numerous opportunities and options (as in a large metropolitan area) or extremely limited options dictated by rural, sparsely populated areas of the country. These geographic factors dramatically affect direct service options and quality of services. Geographic factors can determine the effectiveness of Public Law 94–142 if self imposed constraints are placed on personnel within geographically isolated local education agencies.

It becomes mandatory for team members of local education agencies in all geographic areas to investigate and evaluate available services in their communities. By relying on input from parents, professionals at institutions of higher education, medical personnel in otology and pediatrics, hospital facilities, and university affiliated facilities, team members can identify appropriate resources. Several organizations serving the hearing impaired provide resources to communities, parents, and professionals and should be contacted. The Alexander Graham Bell Association for the Deaf, American Speech and Hearing Association, Conference of Executives of the Deaf, and the John Tracy Clinic are national resources. Local public or private schools for the deaf can be resources for severely/profoundly hearing impaired children. State directors of special education and rehabilitation services personnel can assist local education agencies in this regard. Geographic constraints are real but should not be considered overwhelming to team members in their advocacy for effective programs. The responsibility for investigation of alternative resources for direct service or related services should be made clear to local education agency personnel through the special education administrator.

Involving Parents

The long history of parental advocacy for hearing impaired children must be assessed as the IEP process is formulated and evaluated by local education agencies. It is common to overlook this historic data and proceed as though parents were unwilling or incapable of effective participation in programing and implementation of legal mandates. Particular attention is drawn to parents of hearing impaired children who have been involved with providing direct service to their children from diagnosis to school attendance. The parent-child programs, long established in various educational centers for the hearing impaired, are becoming models for parents of other handicapped children. While individual parents may be more or less accessible or effective in helping their children, it is a professional obligation to approach the IEP process with high expectations of the contributions parents can and have made regarding hearing impaired children. As a group, parents are concerned about such things as methods of communication, teaching language skills, and social-emotional parameters. Particularly important is parent concern regarding early intervention and preschool programs for young hearing impaired children. It is evident that team members have the responsibility to be at least as knowledgeable as the parent team members about resources and current educational practice.

Attitudinal changes are difficult to attain; however, this key factor regarding parent participation in the IEP process is a beginning. For too long, educators have underestimated parent concerns and effectiveness.

The growing concerns regarding bilingual, multiply handicapped, and/or culturally different hearing impaired children can be moderated by participation of parents as volunteers, paraprofessionals within local education agency programs. Parents of the hearing impaired can serve as participants on field trips, library aids, bus monitors, crossing guards, and cafeteria monitors. Use of this valuable resource should be investigated by local education agencies.

Nonhandicapped children can benefit from exposure to adult hearing impaired visitors, as do hearing impaired children. Neighborhood clubs for the deaf or social groups attached to churches are resources. Finger spelling and sign language sessions can provide interest and communication skills among all children.

Planning Effective Options through Sample Cases

Four sketch cases are included to assist local education agency teams in determining their readiness and flexibility regarding programing options for hearing impaired children. It is suggested that these cases be modified to suit individual local problems. These preplanning cases can assist personnel in evaluating options and needs regarding low incidence problems. Each case has been adapted from actual cases within states where similar legislation was enacted. This simulation is particularly important regarding the Public Law 94–142 annual revision component. As the evaluation and monitoring aspects of implementation materialize, the need for expanded programing options increases.

Case 1

Keith K. is 8 years old. His hearing thresholds are characterized by moderate losses bilaterally, with both ears relatively similar to each other. He has been fitted with a monaural behind the ear hearing aid on the right ear. Keith's speech pattern is characterized by some distortions of consonants; however, general intelligibility is good. He is able to communicate well on a one to one basis, but group discussion is a problem. He frequently asks for meanings of words unfamiliar to him and generally has reduced vocabulary items for his age. Syntactic constructions are consistently good, but patterned. Voice patterns do not vary, and inflection is uniform. Keith knows many of the sounds of the alphabet letters, but he evidences confusion at times. He might be classified as a prereader. Keith's family is able to provide needed support and review of school materials at home. His relationships with siblings and peers are good. His peer group is limited to one special friend.

Case 2

Jeffrey T. is 14 years old. He is currently attending a private elementary school, with tuition paid by his family. At this time, Jeffrey is in grade 6 and is a bit older than other grade 6 children. He has performed well in the private school according to his family. Class size at the private school was 10 to 14 pupils. Jeffrey's parents wish to have the local education agency provide a sample education plan for them in order to determine whether the local education agency can meet his needs, or whether they wish to have Jeffrey continue at the private school with financial support from the local agency. Jeffrey's parents have many contacts with local parents and advocacy groups. They assist their child at home; provide transportation to activities; entertain Jeffrey's friends; and provide for otologic and audiological assessment, sometimes with the assistance of medical insurance. Jeffrey's hearing loss is characterized as severe; he has been fitted with binaural aids. His speech is very intelligible, with minor consonant confusions. He is not a good lipreader. He attended a series of schools within the region prior to this private school placement. His peer relationships are good. The local education agency is concerned about establishing a pattern of private school placement at their cost.

Case 3

Anne-Marie is 5 years old. She has a severe hearing loss, probably the result of premature birth. She has been identified in the high risk category. She has been attending a nursery school within the locale for one year, three mornings a week. She is limited in language ability, characterized by phonological errors, limited vocabulary, and generally two word phrases. Her gesture system is well developed, and as the youngest of four children her needs are often met by siblings. Her interactions with young children are limited to the nursery school and one occasional playmate. Both parents are employed full time and an older sister is the primary babysitter. Anne-Marie does not appear ready for kindergarten as perceived by her family and pediatrician. The local education agency through its child search census has determined another child Anne-Marie's age with serious language delay, although no hearing loss has been determined as yet. They are considering entering into a special needs collaborative with other local education agencies in the region to provide mutual programing options for some children. The collaborative model is not firm, and staff members of Anne-Marie's local education agency are concerned about this new venture. They would like to explore as many options as possible this first year.

Case 4

Jennifer N. is 15 years old. She has a congenital profound hearing loss and has been attending the state residential school for the deaf since early childhood. Her academic skills are in keeping with expectancies of the school. She is popular, well liked and attractive. Faculty and advisors at the school are hopeful that she will be able to attend N.T.I.D. or another special program to enhance her vocational opportunities. The local education agency has had limited contact with the residential school during the years. At this time, an educational plan for Jennifer must be written. Jennifer's family is concerned that the skills and social life established at the residential school will be interfered with if the local education agency becomes involved and wants Jennifer to attend the local school. A preeducational plan meeting has been scheduled.

Summary

This paper delineated important concerns and key issues in local education agency responsibility for developing effective IEP's for hearing impaired children. The issues and concerns involve transition problems during initial phases of the enactment of Public Law 94—142, because implementation, evaluation, and monitoring are phases that necessitate adequate planning. Issues related to severity of hearing impairment, local education agency personnel, and community resources were discussed in order to provide an overview of needed strategies.

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IEP's for the Hearing Impaired Child

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Public Law 94–142 Regulations define hearing loss as follows:

> DEAF means a hearing impairment which is so severe that a child's hearing is non-functional for the purpose of educational performance. HARD OF HEARING means a hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance. (Section 121a.4)

It must be kept in mind that deafness is the handicap that allows a child to see the hustle-bustle of life but denies access to its meaning. "The hearing impaired child is in a minority milieu—socially and in communication" (Delgado, 1975).

In a regular public school, the situation of the deaf child cannot be compared with that of the blind or orthopedically handicapped child, because the blind or orthopedically handicapped child can hear what is going on and can participate in classroom discussions. The simple fact is that the deaf child does not hear. The implications of this fact are self evident and far-reaching.

Public Law 94–142 includes in the scope of educational performance not only academic achievement but also social adaptation and prevocational, vocational, psychomotor, and self help skills.

Yet, if deaf children are placed in a regular classroom (the so-called least restrictive environment), they may miss out not only on the academic milieu but also on the social and emotional milieus. What is meant by the least restrictive environment? Is it sitting with other students at the lunch table yet feeling mentally isolated and not comprehending? Is it belonging to the yearbook club yet not participating in discussions or contributing to the development of the publication? Is it missing after-school activities simply because the special school bus leaves at 2:30 P.M.? Will the dynamics of participation in and contribution to classroom discussions and decision making processes be a part of the deaf child's school experience? "Putting hearing children and hearing impaired children together is not enough; proximity is not the same as integration. Nowhere is that more true than for hearing impaired pupils" (Birch, 1975).

Pupil Characteristics for Successful Mainstreaming

Nix (1976) summarized criteria gleaned from the literature: early identification of hearing loss, early training, functional ability, cognitive and communication skills, social stability, teacher and peer attitude and acceptance, interaction skills, parental involvement, and supportive administration and personnel.

Katz, Mathis, and Merrill (1978) suggested that a child may respond well in an integrated setting if the following questions formulated by Brill (1971, p. 81–82) can be answered in the affirmative:

1. Does the pupil use the receptive and expressive skills of communication (speechreading, speech, language, reading, and writing) well enough to function successfully in a regular class program?
2. Are the pupil's social and emotional maturity levels average or above the average of hearing pupils in the regular class?
3. Can the pupil direct his attention to the assigned work and follow the directions given for doing the work?
4. Is the regular class enrollment small enough so that the teacher will have an opportunity to devote some of his time to helping the deaf or severely hard of hearing pupil solve his problems?
5. Will the deaf or severely hard of hearing pupil be seated in the regular classroom so that he has a good view of the teacher's face when instruction is being given and of the pupils' faces when they are speaking? Will sound amplification be provided if the pupil can profit from its use?
6. Are the parents and other members of the family interested in having the deaf or severely hard of hearing pupil assigned to a regular class to the extent of helping him with his home assignments? Will they help him develop solutions to problems en-

countered in adjusting to the regular class environment?

7. Are the pupil's confidence in his ability to function successfully in a regular class and his determination to do so sufficiently great?
8. Is the pupil willing and reasonably eager to be assigned to regular classes for instruction?
9. Is the pupil's ability to learn, as indicated by his test scores, average or above the average of the pupils in the regular class?
10. Is the pupil's chronological age within two years of the average age of the pupils in the regular class?
11. Will the pupils in the regular class accept the deaf or severely hard of hearing pupil as a member of the class and will they give him the same consideration they expect to give each other?
12. Is the teacher of the regular class informed regarding the problems faced by a pupil as a result of his lack or severe loss of hearing, and is the teacher willing and prepared to employ instructional practices and procedures that should be most helpful to the pupil?

Great importance is usually placed on auditory and communication skills as key factors in successful mainstreaming. Countless research studies (Levin, 1960; Mindel & Vernon, 1971) have found that lipreading is mainly guesswork, that prelingually and profoundly deaf children rarely attain normal speech, and that hearing aids do not enable the deaf child to hear and discriminate speech normally. Mainstreaming seems to be a viable alternative for those children with mild to moderate hearing losses, but does this mean that prelingually and profoundly deaf children are automatically relegated to special schools?

Not so, according to Holcomb (1975). In the Holcomb Mainstreaming Model, total communication and use of interpreters render hearing, speech, and lipreading far down the list of criteria for the selection of children to be mainstreamed at the Sterck School in Delaware. The deaf child is put in a class with hearing children only when a tutor-interpreter is present to render into signs what the regular classroom teacher says. The tutor-interpreter also helps the deaf and hearing children in the class by tutoring or by teaming up with the regular teacher. Thus, instead of being dumped into a class with 30 hearing children and not being able to understand the teacher, the deaf child is given the necessary support of interpreting and tutoring that will enable the child to grasp and keep up with classroom activities.

Additionally, intensive orientation, inservice training, manual communication classes, special services, and support personnel are routinely provided to the regular teachers and hearing children in order to facilitate mainstreaming for the deaf. In this model, it is not the deaf child who must fit the system, but rather the program that must meet the child's needs.

Additional concerns must include other provisions of Public Law 94–142 such as removal of architectural barriers and equal employment opportunity, especially as they impact on the educational development of hearing impaired children.

The concept of elimination of architectural barriers can be summarized in a nutshell: increased accessibility to public programs. Hence, for deaf children, maximum accessibility means the elimination of communication barriers. A barrier free environment for the deaf would include the following additions to the school: acoustical modifications, adequate lighting, a visual alarm system, visual cues for class changes supplementing the bell system, visual substitution for the public address system (CCTV, etc.), captioned or scripted media, interpreter services in classes, telephones appropriate for use with a hearing aid, telephones with built-in amplifiers, teletype phones, and information on access to interpreters and telephones.

Along this line and coupled with the equal employment opportunity and affirmative action mandate would be hearing impaired teachers and personnel—handicapped adult models who can serve as a source of identification and inspiration for handicapped children and who can empathize and communicate fluently with hearing impaired children in their native language to aid in achieving the IEP goals.

Individual Placement Decisions

All the preceding criteria apply when placement decisions are made following identification of the child's goals and special needs in the individualized education program. The community, the schools, and the available resources must also be investigated to determine whether they currently are able to meet the deaf child's educational, social, and emotional needs, or whether modifications will be necessary.

It would be impossible to determine the most appropriate educational placement for a hearing impaired child without taking into consideration the assets and liabilities of the individual child, the family, the community, and the different educational alternatives on the continuum. To do otherwise would imply prophecies based on labels.

The concept of *least restrictive environment* cannot be a valid consideration without its twin component, *most appropriate placement*, as it relates to the academic, social, and emotional needs and goals of the hearing impaired student.

Developing IEP's for Elementary School Hearing Impaired Students

When looking at assessment information on any hearing impaired child, a number of questions should be considered.

1. *Where and when* was the child tested? Was it in a school or clinic setting? Was it done recently? These are important factors in determining whether the program can be established or if further testing is necessary prior to IEP development.
2. *Who* did the testing? Was the child's native language used? Was manual communication used? Were the services of an interpreter used? Were any of the above necessary? Did the tester have experience in testing deaf children? Answers to these questions may affect decisions regarding further testing.
3. *What* areas were or should be assessed? A number of areas should come to mind when looking at assessment information on hearing impaired children such as (a) psychological testing, including intelligence tests and visual perception tests; (b) social-emotional tests; (c) audiological information, including hearing level, auditory comprehension, speech discrimination, and hearing aid data; (d) educational achievement; (e) lipreading and speech testing; (f) other information, including a case history, written language samples, and the teacher's report on the child's social functioning, motor skills, speech and lipreading, and primary mode of communication.

It is also important to look at the specifics of the areas assessed. Questions should be asked about the use of verbal or performance scales and also about the specific tests used. Were any of the tests validated for deaf populations? Were interpretations of test results made by professionals with knowledge and experience in the field of deafness? This is a time consuming process; however, unless sufficient and proper assessment information is gathered, an appropriate IEP cannot be developed.

When developing IEP's for hearing impaired children, one must be concerned with more than just developing a program to meet their academic needs. As discussed earlier, a hearing impaired child may be placed in one of a variety of situations. The child's social, emotional, and physical needs must also be taken into account. The need for special support services will vary depending on the individual student and on the nature and scope of the school. Special services for a deaf student may include some of the following:

- Communication evaluation and prescription (speech, audiological, signs).
- Communication therapy.
- Total communication approach.
- Interpreter services.
- Hearing aid evaluations, loans, and services.
- Audiological equipment.
- Audiovisual equipment and materials.
- Visual perception training.
- Tutorial services.
- Language oriented curriculum.
- Cooperative education.
- Vocational evaluation and program.
- Orientation services.
- Psychological testing and program.
- Personal counseling and guidance.
- Family counseling.
- Medical services.
- Physical therapy.
- Special education evaluation and program.
- Organized after-school activities.
- Transportation.
- Parent education.
- Community home-family placement.
- Residential program.

Developing the IEP is a complex procedure that requires the individuals involved to develop a plan relating assessment data, curriculum, special services, and evaluation. This can be done only if all parties have access to and understanding of all the information, including the unique ramifications of deafness and, most importantly, the needs of the individual deaf student under consideration.

This brings up a major concern, that of parent participation. In order for the parents to really participate in decision making, the school must assume some responsibility in providing them with education and training on Public Law 94–142. The school can do this in a variety of ways, including large and small group orientation, individual information sharing, and providing access to published information. The Kendall Demonstration Elementary School (KDES) at Gallaudet College has found success with identifying a number of parents to be trained. These parents then assist school personnel as trainers of other parents at daylong workshops. In addition to information, these workshops provide simulation activities that involve parents in mock IEP conferences to give them experience and understanding for their own IEP conference. For parents who cannot attend these at-school workshops on weekends, community based workshops are set up on several week nights.

Another area of concern is the need for ongoing parent education. Parents of handicapped children in whatever situation need support and information. They need to know what is involved and what are realistic expectations for their children. Again, the school needs to define its responsibility in this area. Information on the KDES Parent Involvement Model may be secured by writing to Kendall Demonstration Elementary School.

Unless all these concerns or needs are met, it will be difficult to succeed in providing the most appropriate, least restrictive education for hearing impaired children.

Basic Considerations in IEP Implementation

One major dimension in implementing an IEP rests with a general agreement being reached by all parties involved. This is essential to the student and to the special and general education personnel who are cooperating to maximize the educational experiences of each individual student.

To optimize this operation, Birch (1975) made the following recommendations:

1. Regular class teachers should be assigned hearing impaired students *only* with their prior knowledge and consent. As such, they take part in decision making activities and may suggest many options.
2. Inservice training should be made readily available to all faculty and staff *before* program initiation.
3. Hearing impaired students considered for regular classes should demonstrate academic skills and achievement on a level with the rest of the class.
4. Regular teachers and pupils should be given orientation and sufficient assistance regarding communication with the hearing impaired so that it does not constitute a major problem.
5. Continuing and emergency assistance should be available. Special education teachers and other members of the team must meet on a regularly scheduled basis for updating.

With all of the above confirmed, professionals can more truly arrive at the essence of individualized education—the development of programing with appropriate support services that enables each student to be a member *of* the class, not merely physically located in a classroom. Intrinsic to this assignment, however, is a significant modification of roles and responsibilities. As in other exceptionalities, the specialist in the education of the hearing impaired will be required to assume a most *proactive* role on behalf of clients as well as professional colleagues.

Program considerations related to IEP's and alternate placement options will require individual specifications that minimize traumatic experiences for hearing impaired students and their rehabilitation team. Again, the specialist must assume a significant leadership role. Professionals trained in education of the hearing impaired can lead the way in decision making and provide direction when considering the many parameters inherent in such program development, including the home, the family, and auxiliary education personnel.

Specialists in their changing roles can become valuable team members in identifying and using existing national resources unique to the area of deafness. Such knowledge is readily available to these professionals and includes the widest range of technical assistance from resources in deafness and other special education areas. Resources include the professional staff at Gallaudet College, federal and state agencies, the National Center for Law and the Deaf, the National Center for Law and the Handicapped, the Center for Law and Education, the National Association of the Deaf, the International Association of Parents of the Deaf, the Alexander Graham Bell Association for the Deaf, Deaf Pride, the Conference of Executives of American Schools for the Deaf, The Council for Exceptional Children, Closer Look, and the National Association of State Directors of Special Education.

By using such resources, interested parties can obtain the best of services—advocacy on behalf of their constituents and leadership and technical support for their professional colleagues working in a cross disciplinary setting. In this way, special insights and knowledge can be brought to decision making and programing for hearing impaired populations, and information can be expanded to maximize services for this heterogeneous group.

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Developing Secondary School Individualized Education Programs

BRUNO J. D'ALONZO

The secondary school individualized education program (IEP) will take several forms. Each will be subject to a variety of interpretations and ultimately will affect the high school's total operational procedures. It is conceivable that each school district will have a different idea and conceptual framework regarding its IEP. Each special and general education administrator who is responsible for teachers and facilities and the teachers and parents of each student will add an additional series of modifications and personal wrinkles based on their perception of the IEP.

The Education for All Handicapped Children Act, Public Law 94–142 (1977), was not designed to create an adversary relationship between general and special educators, administrators and teachers, or parents and school personnel but is designed to bring people together in a common bond of mutual respect, cooperation, and collaboration. The intent of the law is not to create more paranoia than already exists in education but rather to help develop a higher standard of professional respect and accountability, public confidence in the educational system, and, most importantly, a free, appropriate public education for all handicapped children.

The ideas and strategies that follow will be adaptable to a variety of secondary school systems. The successful implementation of the ideas presented must keep in sharp focus the aspect of quality, comprehensiveness, ultimate practicality, and realism in providing efficient educational alternatives for the identified and yet to be identified handicapped youth.

Questions and Answers

Several persisting questions regarding IEP's emerged this past year as secondary school teachers prepared to develop IEP's for the first time. The following questions have been gleaned from teachers and administrators who participated in IEP workshops I conducted.

1. *What should be the responsibility of the subject area teacher in the development of an IEP?* The subject area teacher should be involved in writing an IEP. One of the primary responsibilities of the teacher is to evaluate handicapped students enrolled in his or her class. Additionally, the teacher must provide a list of objectives and acceptable passing criteria for each student. Collaboration is essential to collect data about the student and subject to assist the IEP committee in writing appropriate programs.
2. *Which areas of the student's present level of educational performance are the most useful in determining placement in general education subject areas?* The areas are the student's receptive and expressive language concepts and comprehension skills; reading word attack and comprehension skills; mathematical concepts, computation, and problem solving skills; and his/her understanding of key vocabulary words and basic concepts within the subject being taught.
3. *How does a committee determine which placement is the most appropriate and least restrictive for the secondary level student?* First, the student's present level of educational performance must be determined. The subject requirements for graduation from high school must be identified. Then the most appropriate educational placement and type of instruction for the student must be determined.
4. *Are there other alternatives that would help in writing a secondary level IEP?* Consider a student competency based approach. Develop a sequence of competencies based on what a student would need to be able to function effectively in society after graduation from high school. Identify subjects or curriculum experiences where these competencies can be mastered by the student. In situations where the student cannot be integrated into existing subjects, special modules should be developed to teach specific competencies related to each subject. The minimum criteria level needed by the student to pass each subject must then be established.
5. *Are there any other strategies that may assist secondary level personnel in writing an IEP?* Each secondary level handicapped student should have developed for them a program of studies as required by the district to graduate from high school. This program of studies should contain information about when each subject will be taken (e.g., semester and year), where the subjects will be taken (e.g., resource room, self contained special class), and who will teach the subjects (e.g., special teachers, general teachers, or a combination). An annual IEP will be written for each student as required by law. The committee should also have available a master IEP plan projected over several years.
6. *Which content, subject, or instructional areas may be neglected by the IEP committee in writing secondary level IEP's if they have not done their homework?* Neglected areas may be those in which the vast majority of the handicapped have traditionally been excluded, such as vocational, physical, and career education, and areas infrequently considered, such as athletics and community work experience. A special effort will be required of the IEP committee to assure handicapped students the opportunity to have the benefit from such services.

These questions and answers are intended to indicate some of the major recurring concerns teachers and administrators have expressed over the past year. The remaining portion of this chapter will focus on three components of IEP development and their relationship to the secondary school level: (a) least restrictive and appropriate placement, (b) specific special education and related services, and (c) objective criteria and evaluation procedures.

Least Restrictive and Appropriate Placement

The student's special education categorical classification is of minimal importance at the secondary level. More important is the extent to which the student can function in the general education class (i.e., totally, part time, not at all). This should be answered prior to making a decision about placement and the development of an IEP.

A range of delivery of service environments is needed to insure the appropriate placement of the handicapped secondary school student. The most commonly found placement options available in secondary schools having special education programs follow. (Usually several of these environments are available to students. To meet the intent and spirit of the law, a school should have available as many of these environments as possible for their handicapped students.)

1. *Self contained special education class placement (segregated, most restrictive).* The student is placed in this segregated environment as an individual or as part of a group of individuals with a similar handicapping condition. Instruction, treatment, or therapy is provided by a special educator or therapist.
2. *Part time, self contained special education placement (segregated) and part time, self contained general education placement (segregated).* Same as above, but also includes part time placement in a general education classroom setting with a subject specialist providing instruction to an individual or group of individuals with a similar handicapping condition.
3. *Departmentalized special education placement (segregated).* Same as above (1), however, subjects are taught by special educators with subject area specialization, (e.g., English, history, vocational education).
4. *Part time, self contained special education placement (segregated) and part time, general education placement (integrated).* Same as above (1), but also includes part time placement in general education with nonhandicapped students (integrated).
5. *Part time departmentalized special education placement (segregated) and part time general education (integrated).* Subjects are taught by special educators with subject area specialization, (e.g., mathematics, English, history), and additional part time placement in general education with nonhandicapped students (integrated).
6. *General education placement with part time remedial academic, skill development, and tutorial resource placement (integrated).* The student is placed in a general education classroom and spends time periods during the week in a resource room. Instruction is provided by a special educator. Remedial academic instruction, basic skill development (e.g., reading writing, language, computational skills) and tutorial instruction in specific subject areas is provided.
7. *General education placement with consultative or itinerant resource teacher assistance (integrated).* The student is placed in a general education subject area. General education subject specialists are assisted by special educators and instructional aids in ways to provide appropriate methods, materials, special adaptations, management, and learning experiences for the handicapped student.
8. *General education placement on a full time basis (integrated, least restrictive).* - The student is placed in the general education program and needs minimal or no special instruction or support. The teacher needs minimal or no special education assistance.
9. *Special alternative program or school placement (segregated).* The student is placed in a specially designed program or school outside the usual special or general education classroom. These environments are designed to meet the unique needs or problems manifested by such students. All the other previously described environments may not be appropriate. Special educators, therapists, counselors, and gen-

eral educators work as a team to provide appropriate educational services. This may include the following types of programs: home bound, hospital, residential, instruction in a mobil van, parent involvement, sheltered workshops, or crisis intervention.

10. *Special summer school placement (segregated and/or integrated).* The student is placed in a special summer school program for diagnostic and assessment purposes, special skill instruction, vocational and career development, therapy, recreation, physical education, or subject area enrichment. A team of specialists works with these students on an individual or group basis, segregated from or integrated with nonhandicapped students.
11. *Community college and/or university placement (integrated and/or segregated).* Special provisions are made for placement of the student in courses or programs during high school years for specialized instruction, therapy, or treatment. Special educators, therapists, and/or general educators provide instruction for the handicapped in a segregated and/or integrated environment.

Minimum Credits for Graduation from High School

Each state and school district has established a minimum number of credits needed for graduation that are generally referred to as Carnegie Units. Numerous systems have been devised to administratively process handicapped students through these credit requirements. Whether or not the student gets the standard diploma given to the other students in school or a certificate of completion of some type of program of studies is dependent upon the state and/or district in which the student attends secondary school. This is an issue that has not been completely resolved in some states and school districts.

Regardless of whether the student gets the same diploma or not, someone will be teaching specific subjects to meet the minimum requirements needed by a student to complete high school. The content will be adjusted in level of difficulty for some students. This will be contingent upon learner ability, program placement, and the teacher. An example of the minimum credits needed for graduation from high school are the following, which are required in the state of Arizona. Each student must have 3 units of English to include grammar, speaking, writing, reading skills, advanced grammar, composition, American literature, literature, research methods and skills; 1 unit of American and Arizona history; 1 unit in American and Arizona constitution and government; 4½ units of essential benefits of the free enterprise system; 1 unit of mathematics; 1 unit of science; 8½ units of electives such as vocational education, industrial arts, physical education, driver education, foreign language, typing, or drama.

For purposes of writing IEP's at the secondary level, a program of studies should be developed to incorporate these minimum requirements within the range of the 11 placement environments previously described. Each credit requirement should be matched with and developed around the unique needs of each student. The annual IEP should be written with these required credits in mind. A complete program of studies and a tentative master IEP should also be developed and kept in each student's file.

Specific Educational and Related Services

There appears to be some confusion regarding individual interpretations of the original proposed rules regarding the IEP content area of "educational services to be provided" and the final rules. The original rules required "a statement of specific educational services needed by the child (determined without regard to the availability of those services)." The final regulations deleted the clause "determined without regard to the availability of those services."

According to Martin (1977), in a letter he wrote to the chief state school officers, "As a result of this change some parties have interpreted the final regulations to mean that a public agency must provide to a handicapped child only those services which are available in the agency. This interpretation is not correct." The original intent of Public Law 94–142 to provide a free appropriate public education remains intact. Services that the student needs must be provided.

A master directory of agencies and resources available to the school district must be kept on file and made available to IEP committees to

	A. Present Status Input	B. Ease of Implementation Process	C. Learner Achievement Output
Evaluation	Criteria	Criteria	Criteria
Excellent	Individualized education program objectives are appropriate Personnel available in district or school Educational facilities, materials, and equipment available in district or school	Implementing program requires little effort to influence a change in staff attitudes, in district or school policies, structure and training, or educational environment Implementing program does not suggest a radical departure from conventional district or school practices	Learner achievement and mastery of objectives excellent Placement, methods, materials, and instruction appropriate
Average	Individualized education program objectives appear complex Personnel not available in district or school but available elsewhere Educational facilities, materials, and equipment not available in district or school but available elsewhere	Moderate effort required for implementing program to effect change in staff attitudes, district or school policies, structure and training, or educational environment Implementing program requires some departure from district or school practices	Learner achievement and mastery of objectives average Placement, methods, materials, and instruction need review and modifications
Poor	Individualized education program objectives involves new or unfamiliar effort Personnel not available in district, school, or elsewhere Educational facilities, materials, and equipment not readily available	Substantial effort required to implement a program to effect a change in line with attitudes, district or school policies, structure and training, or educational environment Implementing program requires a radical departure from traditional district or school practices	Learner achievement and mastery of objectives poor Placement, methods, materials, and instruction need significant restructuring

Adapted from "Cost Effectiveness Comes to the Personnel Function" by L. M. Cheek. *Harvard Business Review*, 1973, *51*(3), 99–104.

Figure 1. Evaluation of the total service plan of the IEP.

assist in the development of the IEP. As services are identified that are not presently available, strategies must then be developed to provide these services.

Objective Criteria and Evaluation Procedures

Within Public Law 94–142, specific reference is made to establishing appropriate objective criteria and evaluation procedures for determining the effectiveness of the IEP in providing a free, appropriate public education for the handicapped student. Evaluation of the two major components of the IEP, the total service and the individual implementation plans will be discussed in this section. The total service plan is more difficult to evaluate because the long range goals are more general and not as easily measured. Figure 1 (Cheek, 1973) is a system that should be useful in evaluating the total service plan. This evaluation system facilitates the evaluation in the early stages, during the interim, and at the completion of the IEP year.

Through this systems approach, data is collected at various stages in the model. Feedback is provided from the learner achievement dimension (output), the ease of implementation dimension (process), and present status dimension (input). This procedure will provide the IEP committee with data regarding the effectiveness and appropriateness of the total service plan for a particular student. The ideal would be for the total service plan evaluation to have an "excellent" rating in all three dimensions. If the ratings fall in the "average" or "poor" range, specific adjustments to those dimensions must then be made.

If the ratings fall in the "average" or "poor" range when evaluating the present status and ease of implementation dimensions, this should not be reacted to negatively but should alert the IEP committee to a possible problem situation. One of the responsibilities of the IEP committee is to identify the appropriate components necessary to truly individualize the education and meet the unique needs of the student. New and unfamiliar efforts and acquisitions may be necessary to accomplish these desired results (output). Immediate attention must be directed and remediation provided to resolve any conflicts or problems that may impede the end result—a free and appropriate public education for the student.

The individualized implementation plan (IIP) evaluation can be done through a checklist system. Objectives for each subject area in which the student is enrolled should be developed to expedite the evaluation process. The objectives that are written for the IIP should then be placed on a major checklist. Establishment of appropriate criteria and performance data for each objective is also needed as part of the evaluation. An example of the type of performance data that could be used to measure the objective outcome follows:

1. Objective met as stated.
2. Objective partially met.
3. Objective not met at all.

The IEP committee then decides on the appropriate action to take. Some of the options available to the committee follow:

1. Reinstate objective.
2. Reinstate objective with specified modifications.
3. Remove objective.
4. Write a new objective.

The collection of more precise data is done at the lesson plan level by the teacher. Error analysis, task analysis baseline data collection, and data based instruction, in general, will be used at the lesson plan level and should not be confused with the evaluation done at the IIP level using a simple check off system to identify to what degree the objective has been met. The data collection done at the lesson plan level will be used by the IEP committee to determine whether or not the stated objectives have been met for the IIP and in turn will be used to determine if the long range goals of the total service plan have been achieved.

Summary

The development of IEP's at the secondary level has several unique features that have been identified in this paper. Most teachers have the necessary knowledge and skills required to develop the IEP. Public Law 94–142 and especially the IEP portion of it was thrust upon teachers unexpectedly and was so overwhelming that it caught many teachers by surprise. When they became aware of the required components of the IEP, most teachers realized that this was something they had been doing already, but not in the required IEP format. They now understand that the IEP involves more than placing data on a set of IEP forms, but instead is a landmark effort to unite educators and parents in a collaborative effort to develop appropriate educational plans for handicapped students. As a result of a better understanding of IEP's, teachers have already closed ranks, as they always have, to do what has to be done to make learning worthwhile and successful for the 7 to 8 million handicapped children in their charge.

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IEP Planning at the Secondary Level

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The Austin Independent School District (AISD) contains a total of 81 elementary and secondary schools and approximately 57,000 students. At the secondary level there are 11 junior high schools (grades 7 to 8) with approximately 9,700 students and 9 senior high schools (grades 9 to 12) with approximately 17,750 students.

Special education programs at the junior high school level serve 860 students with 42 teachers and 11 aides; and at the senior high school level, 760 students with 41 teachers and 9 aides. A continuum of instructional arrangements from self contained (one unit at each of the two levels) to that of helping teacher (offered in only senior high schools) is available to meet the students' needs. Other special programs are available outside these schools for a few seriously emotionally disturbed and severely retarded students. Currently in the secondary schools 2% of the special education students are served in self contained units (i.e., 100% special instruction), 30% are served on an integrated basis (i.e., over 50% and less than 100% special instruction), 53% on a resource basis (i.e., up to 50% special instruction), 9% on a helping teacher basis (i.e., all regular classes with special help—either in or outside of these rooms), and 6% in full time work training or job placements.

The administrative staff for the secondary programs consists of an administrative supervisor, four instructional supervisors, and two IEP coordinators. Three of the instructional supervisors each work in a combination of six junior and senior high schools, one works in one of each and supervises the work program, and the IEP coordinators are assigned to junior and senior high schools.

In Austin, each secondary school has a well established, highly organized local support team, which meets on a regular basis. Membership generally includes, but is not necessarily limited to, a school administrator, counselor, home visitor, psychological associate, teacher, school nurse, and special education personnel. The purpose of the team is to address individual students' problems *and* systemic problems. If the services of special education seem appropriate, the local support team serves the function of an admission, review, and dismissal committee.

Federal and State Guidelines

Public Law 94-142 has dictated a set of guidelines for the development, utilization, and updating of the IEP. Highlights of the legislation include procedures for parent involvement in the development and updating of the program through parent meetings (Section 121a.345) and guidelines for content of the program (Section 121a.346).

In addition to the annual review required by law, the state agency requires an update every 3 months. Thus, each quarter, all special education students' plans are reviewed; and although the total plan may not be significantly altered during the year, objectives are noted as completed, are rewritten, or are deleted. The state also requires an annual admission, review, and dismissal (ARD) committee meeting to review the appropriateness of each student's placement. Handicapping condition and instructional arrangement are of particular concern at these meetings. In accordance with federal guidelines, this meeting, like that for the IEP, requires parent involvement.

The IEP in Secondary Schools

The secondary school IEP is a composite of many available data, including psychological and academic assessments; medical, vision, and hearing assessments; social histories; and teachers' and other school professionals' formal and informal assessments. The general part of the IEP, called *total service plan* in state terminology, contains the information specified by federal guidelines (Section 121a.346). This information includes (a) present levels of functioning, including academic and social and behavioral functioning, physical information, and learning strengths and weaknesses; (b) annual goals—academic, vocational, and behavioral; (c) instructional objectives—special and regular education services, including persons responsible, criterion for each, evaluation instruments, and beginning and ending dates; and (d) related services, both special and regular—academic, behavioral, physical, other, including persons responsible, criterion for each, evaluation instruments, and beginning and ending dates (see Figure 1). Subsequent pages of the IEP give the student's schedule, the specific objectives to be attempted each quarter, a grade report for junior high students and a diploma plan for senior high students (see Figure 2).

In the evolution of developing and using IEP's, it is becoming apparent that the document can and should serve as an effective management tool. The total service plan facilitates program management at both the district and local school level. The subsequent parts—quarterly, or short term, objectives and diploma plan—facilitate management of service delivery at the special and regular teacher level. Still a third phase must occur—that is, the writing and use of daily lesson plans.

The processes of developing, reviewing, updating, and implementing the IEP require (a) careful planning at the district and local school level and (b) intensive work with those who develop (teachers and support personnel who gather and synthesize data) and those who implement (special and regular teachers). The planning process at the district and school lev-

Figure 1. Sample secondary level IEP form.

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Individualized Education Program
Secondary Level

Student	Ident. No.	Soc. Sec. No.	Birthdate
Classification	Instruct. Arr.	School	Grade
		Present School	Present Grade

I. PRESENT LEVELS OF FUNCTIONING:

A.

Area	Level	Evaluation Instrument	Date
Reading			
Math			
Spelling			

Also see attached grade reports - junior high; diploma plan - senior high.

B. Social/Behavioral Functioning - Specify area(s) needing improvement:

1. ______________________ 2. ______________________

C. Physical Information - Specify any problem(s):

1. ______________________ 2. ______________________

D. Learning:

Relative Strengths ______________________ Relative Weaknesses ______________________

II. ANNUAL GOALS:

Continued on next page

Figure 1 continued.

Academic: ______________________________

Vocational: ______________________________

Behavioral: ______________________________

III. INSTRUCTIONAL OBJECTIVES; SPECIAL AND REGULAR EDUCATION SERVICES:

Objectives (Subject Area)	Check One		Person(s) Responsible	Criterion	Evaluation Instrument	Beg. Date	End. Date
	S.Ed.	Reg.					

IV. RELATED SERVICES (ACADEMIC, BEHAVIORAL, PHYSICAL, OTHER):

Objectives (Subject Area)	Check One		Person(s) Responsible	Criterion	Evaluation Instrument	Beg. Date	End. Date
	S.Ed.	Reg.					

Parent

S.Ed. Supervisor

I.E.P. Coordinator

Student (as appropriate)

Psychological Associate
(Initial Admission)

Teacher

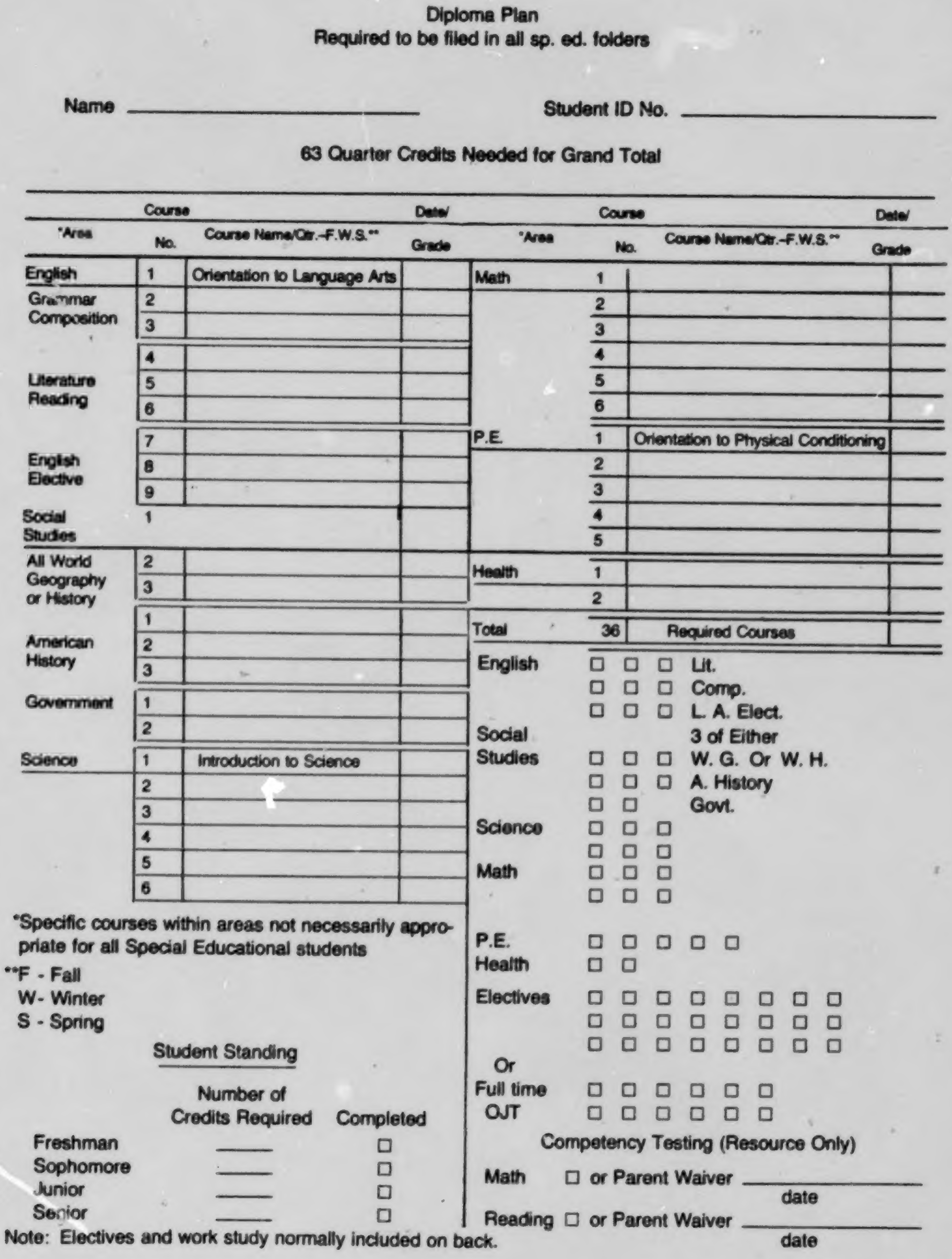
Interim 94-142-010 Secondary 12/77
AISD, Austin, Texas

Note: Student schedule normally included on the back

Date

els has been focused on (a) development of appropriate format for the written program, (b) general procedures for teachers to follow in developing and implementing the plan, (c) appropriate procedures for parental involvement, and (d) methods for streamlining all activities necessary for efficient IEP development and annual review.

Figure 2. Sample IEP diploma plan form.



Diploma Plan
Required to be filed in all sp. ed. folders

Name ____________________ Student ID No. ____________________

63 Quarter Credits Needed for Grand Total

*Area	Course No.	Course Name/Qtr.-F.W.S.**	Date/ Grade
English	1	Orientation to Language Arts	
Grammar Composition	2		
	3		
Literature Reading	4		
	5		
	6		
English Elective	7		
	8		
	9		
Social Studies	1		
All World Geography or History	2		
	3		
American History	1		
	2		
	3		
Government	1		
	2		
Science	1	Introduction to Science	
	2		
	3		
	4		
	5		
	6		

*Area	Course No.	Course Name/Qtr.-F.W.S.**	Date/ Grade
Math	1		
	2		
	3		
	4		
	5		
	6		
P.E.	1	Orientation to Physical Conditioning	
	2		
	3		
	4		
	5		
Health	1		
	2		
Total	36	Required Courses	

English ☐ ☐ ☐ Lit.
☐ ☐ ☐ Comp.
☐ ☐ ☐ L. A. Elect.
Social Studies 3 of Either
☐ ☐ ☐ W. G. Or W. H.
☐ ☐ ☐ A. History
☐ ☐ Govt.
Science ☐ ☐ ☐
☐ ☐ ☐
Math ☐ ☐ ☐
☐ ☐ ☐
P.E. ☐ ☐ ☐ ☐ ☐
Health ☐ ☐
Electives ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Or
Full time ☐ ☐ ☐ ☐ ☐ ☐
OJT ☐ ☐ ☐ ☐ ☐ ☐

Competency Testing (Resource Only)

Math ☐ or Parent Waiver ____________ date

Reading ☐ or Parent Waiver ____________ date

*Specific courses within areas not necessarily appropriate for all Special Educational students

**F - Fall
W- Winter
S - Spring

Student Standing

	Number of Credits Required	Completed
Freshman	______	☐
Sophomore	______	☐
Junior	______	☐
Senior	______	☐

Note: Electives and work study normally included on back.

Considerable staff training for IEP development and implementation has been, and will continue to be, provided to special and regular education teachers. These activities will be, as much as possible, presented chronologically.

In March 1977, junior high school special education teachers spent a half day studying WISC-R (Wechsler, 1974) profiles and information from other intelligence tests, such as the Stanford-Binet (Terman & Merrill, 1960), to determine aspects of students' learning strengths and weaknesses. Then they explored methods for translating this information to the academic milieu.

This year—1978—several staff development activities are occurring for special education teachers and aides, and some activities are occurring for regular classroom teachers:

1. During the first week of this school year, teachers were provided assistance in acquiring additional diagnostic instruments for use with their students. Already in use are those written by Connolly, Nachtman, and Pritchett (1971), Jastak and Jastak (1965), Slosson (1963), and Sucher and Allred (1973). The entire elementary and secondary department participated in half day training in the use of the Brigance Inventory of Basic Skills (Brigance, 1977). Though this instrument is designed primarily for use with elementary age students, it is appropriate for many of the special students at the secondary level—particularly junior high school and low level senior high school students.
2. Teams of teachers within each of the 20 schools have been provided information on guidelines for appropriate parental involvement and detailed information from Public Law 94-142 as it relates to the IEP.
3. Individual teachers have received consultation on IEP's and related matters throughout the school year.
4. The special education teachers who work with the students in work training and/or on the job training have been given assistance, as a group and individually, in adapting the IEP to their needs.
5. Special education aides, as a group, have been provided training on parent contact, such as mechanics of mailing and telephone protocol, and on student folder organization.
6. The special education teachers and staffs that comprise the local support team/admission, review, and dismissal committees in each school have been provided information to enable them to systematically and simultaneously fulfill both the annual requirements of IEP and the placement review. The district's 20 secondary schools have scheduled, during the regular local support team meeting times, approximately 130 three hour meetings of school staff and parents to serve these purposes.
7. The special education teachers divided by junior and senior high school groups will be provided (a) additional assistance in determining students' strengths and weaknesses and translation of this into the academic milieu, (b) further assistance in the use of diagnostic instruments, and (c) additional assistance in the writing of educational objectives.
8. Small groups of regular classroom teachers have been, and will continue to be, provided sessions as to the content of the IEP and its possible use in the regular classroom.

Key Issues for the IEP at the Secondary Level

Key issues and problems related to developing, implementing, and updating IEP's in junior and senior high schools include the following:

1. Gathering relevant data is crucial. These data are or can be made available from the student's folder; formal and informal assessment—diagnostic tests, behavior checklists, observation—by the teachers and other staff; and from the parents. This is an extremely time consuming process which must be systematized if it is to be comprehensive. Attempts to do this include (a) folder organization, (b) staff training in analyzing available data, (c) staff training in gathering additional diagnostic data, (d) staff training in various aspects of parent involvement—how's and when's to gather and to share information.
2. Developing quarterly educational objectives may be difficult for the frequently diverse program of the secondary school student. In order to write meaningful objectives for the student once the needs are assessed, the special education teacher must be aware

of the availability of regular and special education programs in each school and in the district and then be able to integrate these into a program for the student. Involvement of the regular teachers, where the students are to be educated in their classes, is an essential part of developing objectives.

3. Actual writing of comprehensive IEP's for each of the students requires considerable effort from the special education teacher. The department is attempting to systematize procedures and to provide time during the school year for this. By combining the ARD and IEP meetings, duplication of information gathering and planning might be eliminated. The first page, or total service plan, is developed at this meeting, which occurs in the spring. By providing staff training and time at the beginning of the year it is hoped that each teacher will be able to develop a comprehensive IEP for each student. Time at the beginning of the year also is devoted to scheduling, further diagnostic testing in skill areas, and writing of specific quarterly objectives.
4. Dissemination of information for instruction of special students in the regular classroom is a major ongoing problem. Variables include type and amount of information to be given to regular teachers, method of dissemination—written or verbal, and amount of time required.

Further complicating the issue is the classroom teachers' willingness and ability to accommodate the special students in their classes. Much work needs to be done here. This includes (a) helping all educators realize that serving handicapped students is everyone's legal responsibility, (b) helping the special education teacher learn to assess each school as a system of teachers and programs with strengths and weaknesses, (c) providing staff training for regular teachers in many aspects of special education, including what data are available and methods to use the information, once obtained, (d) providing special education teachers with alternative methods for distribution of information to regular teachers. Such methods might include writing IEP's so that they might be duplicated, developing short forms so that information might be summarized for individual teachers, making information available to the regular teachers if they wish to come to the special education room to obtain it, team teaching with regular teachers, allowing regular teachers to observe in the special education classroom, soliciting aid for the classroom teacher from other support persons in the schools, and teaching special students adequate assertiveness skills (Waldrip, 1978) so that each one may inform his or her teachers of any special needs in the classroom.

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IEP's for Mainstreamed Secondary Students with Learning Disabilities

RITA SILVERMAN
NAOMI ZIGMOND
THERESA LAURIE

In 1975, Pittsburgh was the home of the Pirates, the Penguins, the Steelers, the Golden Triangle, the US Steel Corporation, Andre Previn and the Pittsburgh Symphony, the University of Pittsburgh, and the Pittsburgh Board of Public Education. At the time the Steelers were winning the Super Bowl, over 60,000 students attended Pittsburgh's 57 public elementary schools, 11 middle schools, and 14 high schools.

The Division for Exceptional Children of the Pittsburgh Public Schools had numerous self contained classes and resource rooms to serve elementary learning disabled students, but limited programing for secondary students with learning disabilities—one itinerent teacher served 13 learning disabled high school students.

At about this time, the authors had begun to develop a conceptual model for comprehensive services for adolescents with learning disabilities. The model derived from two convictions. First, we were committed to demonstrating that older learning disabled students could be brought to literacy and beyond despite a considerable body of literature which suggests that by high school it is too late to teach illiterate students to read; and second, we were strongly committed to the concept of least restrictive placement, even for severely underachieving students. For the last 3 years, the model we developed at the University of Pittsburgh has been implemented in 8 high schools and 2 middle schools in Pittsburgh as part of a Title VI-G Child Service Demonstration Center. This program, a cooperative venture between the University and the Division for Exceptional Children of the Pittsburgh Board of Public Education, was designed to remediate the basic academic and social skills of secondary students with learning disabilities in a resource setting, and to maintain these students in the mainstream of a secondary school for 5 or 6 periods each day.

When the design of a learning disabilities program requires that students spend a major part of their school day coping with the mainstream, most special education teachers try to use the time in the resource room both to remediate the deficit skills and to tutor the students in content area subjects. Often, the tutoring becomes the major thrust in the resource room because the teachers recognize that learning disabled students need considerable help to succeed in their mainstream classes, and tutoring appears to be the fastest method for helping the students cope.

We believe that tutoring is an inadequate solution to the problem of mainstreaming handicapped learners. Students are struggling in the mainstream of education because they are unable to satisfy the demands placed upon them in regular classrooms. Special education teachers who attempt to resolve this situation by tutoring do not solve the problem; the students will continue to need tutoring each time a test is scheduled or a paper is due. Tutoring is a short term approach to a problem that requires a long term solution. We believe that the resource room teacher's time should be used to remediate deficit skills. The goal of intensive skill instruction is to increase the students' basic skill level sufficiently so that they can cope independently with the demands of mainstream classrooms.

We recognize, however, that deficit skill remediation is a slow process, and that students may continue to fail in the mainstream while the special education teacher is working on skill development. With this concern in mind, emphasis must also be placed on maintaining learning disabled students in the mainstream. This requires working directly with content area teachers to help them develop techniques of instruction and classroom management that allow learning disabled students to perform more successfully in mainstream classes. Helping the mainstream teacher to develop and implement instructional alternatives is a major undertaking for special education. It is, however, the only long term approach to solving the problem of mainstreaming handicapped learners.

The problems experienced by handicapped learners in mainstream classes often are created by the classroom situation itself. Presentation of content material to all students, in the same manner, at the same rate, with the same response requirements cannot possibly meet the needs of all students in the class. If teachers can be introduced to practical alternative teaching methods and if these teachers can receive ongoing support and encouragement for making changes in their classes, learning disabled students will begin to reap the benefits of these changes. And not only will this year's students benefit; if the changes are appropriate and become institutionalized as part of that teacher's style, future students with differing needs will benefit as well.

Constraints to Change

The Pittsburgh Child Service Demonstration Center has had 3 years of experience in the task of introducing changes in the direction of more individualized instruction into secondary mainstream classrooms. This experience has taught us that the job can be done, but only if we recognize at the outset the many constraints to change extant within the educational system. Too often, special education has attempted to impose changes on regular education without considering the realities of the mainstream. We advocate a systematic approach to creating change in regular education that begins by understanding and acknowledging the constraints.

Change requires administrative support; the attitude of the principal toward the status quo and toward the need for change affects the extent to which innovative teaching practices can be introduced. Mainstream teachers' attitudes toward problem learners, their knowledge about individualizing instruction, and their receptivity to change must be recognized in designing classroom alternatives. Recommendations for change must consider class and room sizes and the availability of materials. The proscribed high school curriculum and departmental and graduation requirements also limit the scope of change.

When considering changes that need to be made in secondary schools, it is tempting to question the relevance of the proscribed curriculum not just for learning disabled students, but for all students. However, as special educators working for effective mainstreaming, our goal is only to enhance the opportunities for learning disabled students to master the curriculum that all secondary students are required to learn. Our purpose for working with mainstream teachers is to change the way in which the established curriculum is delivered to students and not to alter the curriculum itself.

Once the constraints to change within the mainstream have been recognized and understood, it is possible to develop approaches to individualizing instruction in mainstream classrooms that are realistic and manageable. We define individualization as any movement of teachers in the direction of alternative programing which meets the needs of individual students. It is not an all or none procedure. In fact, we have identified six dimensions of individualization: pretesting, classroom organization, classroom management, presentation, practice, and posttesting. These dimensions provide a framework for assessing what is presently occurring in a mainstream classroom, and identifying what areas might be changed to increase individualization. Each dimension is discussed in detail below.

The Dimensions of Individualization

Pretesting

Pretesting can be used to determine where in the scope of a curriculum students can perform and to determine if students have mastered the prerequisite skills for learning a given content. The scope of pretesting can cover a single unit of work or the material for an entire year.

Pretesting on the knowledge of course content might result in placement of individual students at different points in the curriculum. Content pretesting for placement might occur in a high school English class where the curriculum includes grammar and expository writing. The results of the pretest could determine which students need to begin working on basic grammar (i.e., parts of speech), which students can begin by working on sentence structure (i.e., compound/complex sentences), and which students are ready to learn the principles of expository writing.

A pretest of prerequisite skills might provide information on each student's readiness for the course content. Testing for prerequisite skills might be appropriate in an applied mathematics course. Since students are expected to know basic arithmetical operations before entering the course, a pretest on these required computational skills would allow a teacher to determine if individual students are indeed ready to learn the course content.

However, pretesting can only be considered a dimension of individualization if the data gathered from the pretest result in more appropriate learning experiences for the students. When that happens, the type of pretesting that is done and the way in which the results are used can influence the other dimensions of individualization.

Classroom Organization

Various organizational patterns within the classroom can facilitate or impede individualizing instruction. In a completely teacher directed classroom, content is delivered by the teacher to the entire class, general assignments are given, and requirements for what material is to be covered and how it is to be learned are the same for all students. In this setting, much of the teacher's energy is expended in controlling the students and the learning activities. Alternative organizational patterns could enable the teacher to attempt some individualization and make it easier to accommodate students with learning disabilities. Changes in classroom organization toward individualization include using a folder system for student assignments so that the students can be more self directed, small group presentation of new content, differentiated assignments for groups of students or individual students, and learning centers where practice tasks can be carried out. These organizational patterns not only permit the teacher to monitor the work being done and the movement of students in the classroom, but also enable the teacher to be more responsive to the individual differences among students.

Classroom Management

In a well managed classroom, some aspects of individualization are more likely to occur. Good classroom management frees the teacher from the role of disciplinarian and allows for different activities for different students. A well managed classroom does not necessarily include a behavior modification system. Rather, the dimension of management includes establishing valid classroom rules that are explicit and consistently enforced rather than randomly applied. Classroom management systems move in the direction of individualization when the outcomes for students who follow rules are positive and include a payoff for the students. Students need to have a reason to perform appropriately and to be rewarded for their efforts. A grading system based on performance and behavior is one example of an overt reinforcement system that could be instituted to facilitate classroom management.

Presentation

Modes of teaching. In traditional mainstream classrooms, the teacher has one method—usually lecture or textbook—of presenting information to students. It is assumed that this one method will be appropriate to teach the content to all students, and those who fail to learn the content by that one method simply cannot succeed in content area classes. An alternative approach is to assume that since different people learn in different ways, by introducing content using a variety of methods the teacher will increase the amount of individualization in the classroom.

Course content might be presented aurally—lecture or discussion, in written form—chalkboards, texts, handouts, with combinations of aural and written modes—lecture supplemented with written materials, or through demonstration—experiential, such as labs, supplemented by aural and/or written presentations. Introducing multimedia equipment into regular classrooms is another way to enhance presentation of content; most schools have overhead and opaque projectors, film and filmstrip projectors, and tape recorders available for classroom use. When a social studies teacher augments a lecture on the Civil War by drawing a time line of events on the chalkboard, or by highlighting key points in the text using the opaque projector, presentation of content has been varied to accommodate a broader range of learning styles.

Materials for teaching. Typically, mainstream content area teachers are limited to the use of one assigned text. Individualization is enhanced in a classroom as additional materials are used for presentation of course content. To augment the textbook, a teacher might create an outline that highlights the main points of the unit, rewrite the content at a lower language level, or develop study guides that direct students through the text. Audiovisual equipment could also be used in conjunction with the text. For example, presentation of *Romeo and Juliet* to an English class might meet more individual student needs if the teacher showed a film, or had a recording of the play for the students to listen to as they followed the text.

When choosing materials to vary presentation of content, it is important to identify those materials that are easy for the teacher to use and that fit well into the classroom organizational patterns. A teacher who presents content to the entire class would find that showing a film is manageable, but allowing a small group of students to view a filmstrip is not. On the other hand, if the classroom is arranged with learning centers, filmstrips and tapes might appropriately enhance individualization.

Practice

Methods of practice After course content has been presented, teachers generally assign practice tasks to the whole class to be done in school or as homework. By varying the amount of time allowed for practice and the format of the practice tasks, teachers can individualize these assignments more. Some students will require less practice and can handle larger tasks; students with different learning styles may need more numerous and varied practice assignments before reaching mastery. For example, some students trying to learn new vocabulary in a biology class may need to practice reading and spelling the words until they are familiar before they begin to learn what the words mean; other students may be able to practice the definitions from the start.

Teachers can also individualize practice by giving some students more immediate feedback, extra cues during initial stages of practice, slower fading of those cues, or by moving students more systematically through practice tasks that require matching, then recognition, then partial recall responses, before full recall of the desired information is demanded. For example, if a teacher assigns a social studies worksheet and permits some students to complete the task by looking up the answers in the text, and others to complete the sheet independently and then check their answers against a key, practice has become more individualized.

Materials for practice. Most practice assignments involve pencil and paper tasks. By varying the materials used for practice, the teacher permits students with differing learning styles more opportunities to absorb the content and increases the amount of individualization in the classroom. Varying materials for practice could involve "hands on" practice (for a science class, drawing or tracing an insect and labeling the parts); verbal practice (for an English class, reading vocabulary words and their meanings into a tape recorder); or demonstration practice (in a history class, a mock trial to learn the judicial system).

Posttesting

In most classrooms, chapter tests or unit exams are presented in writing and require a written response. Term papers or essays also require written responses to demonstrate mastery of the content. For poor readers and writers, these typical methods of demonstrating knowledge are inappropriate. The process of testing can become more individualized when students are permitted to use alternative responses. The student with inadequate writing skills may be able to respond to an essay question by speaking into a tape recorder, or by using a card reader for short answer questions. Students who cannot read or write may be able to demonstrate competence by constructing a map showing the topography of the land, or designing a circuit, or conducting a science experiment. Another way to vary posttesting is to change the level of memory required by a written test. The same content can be tested at the recognition level (i.e., match the vocabulary words to their meanings), or at the recall level (i.e., fill in the blanks).

Recommendations

To help secondary mainstream teachers change their classrooms along any of these dimensions of individualization there must be someone in a high school who has the time and skills to instruct individual and small groups of teachers in methods of individualization, to be supportive of teachers who are attempting classroom modifications, to follow up initial ideas for classroom changes with additional suggestions, and to reinforce teachers for trying to accommodate to learning problem students within the constraints of the regular education system. We recommend that this person be a special educator who is trained in the principles of individualized instruction, skilled in working with teachers, and responsible for maintaining learning disabled students in the mainstream. Our experience with the Pittsburgh Public Schools has shown us that mainstream teachers can be taught to provide more individualized education programs for students with learning disabilities and that the long term goal of effectively mainstreaming learning disabled youth can be achieved.

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Vocational Education and the IEP

KATHERINE I. BEST
DANIEL J. DONOGHUE

For some time now the Massachusetts Department of Education has supported an interdisciplinary project focusing on the development and support of programs providing services to students with special needs who require vocational training. The project—the ALPHA Group—has been affiliated with the Divisions of Special and Occupational Education within the department, but the staff members have functioned as an external team providing technical assistance to LEA's and acting as advocates for individual students.

Through a continuing and close working relationship with the schools, it has been possible for the ALPHA Group to observe and participate in the growing pains that have been associated with the implementation of Massachusett's comprehensive special education legislation, which went into effect in September 1974. There are relatively few differences between the requirements of this law and those of Public Law 94–142, so states responding to the new federal mandate will probably encounter many of the same obstacles which have surfaced in Massachusetts.

Vocational education presents one of the more difficult situations that special educators face. It operates as a substantially separate educational world, existing parallel to but not in convergence with the academic world of education. For the most part, special educators are unfamiliar with the philosophy and orientation of vocational education. The jargon is different, the goals more immediate, the training of teachers dissimilar, the methods and materials unusual, and the scheduling and actual class and shop work more concentrated. Vocational educators encourage these differences because they are engaged in preparing students for the realities of employment and their programs must emphasize work attitudes and skills if students are to be employable at graduation.

Before special educators can begin to work in a cooperative planning relationship with their vocational education colleagues, there are certain facts that they must understand.

Vocational education, in most states, exists only at the secondary level. Students entering vocational programs are usually expected to possess certain prevocational skills, which may or may not have been developed through formal training at the junior high or middle school levels. In many schools students must successfully complete a battery of admission tests in order to qualify for a place in a vocational education program.

A number of training options exists within vocational education, and students are expected to choose the one that they intend to make their life's work. In reality, however, many students are slotted into those trade training programs where there is available space, thus depriving them of choice. This can result in the student's lack of interest and motivation and can be a particular concern when it happens to the student who already has been frustrated and alienated by the failure of school to meet his or her special needs. It also becomes an important factor for consideration in the development of an IEP, which calls for a particular type of vocational education.

Vocational Education Instructors

Vocational instructors are chosen for their technical competence, their skill in their trade rather than their ability to teach. They are traditionally employed to teach in one of the following major vocational areas: trade industry, distributive education, agriculture, or health careers. They have been professionals in one of these areas prior to entering teaching and their major strengths lie in their original craft rather than in their knowledge of educational strategies.

Most vocational instructors do not possess a college degree nor is one required in most states. The teacher training programs that have been designed for vocational personnel are usually of a nondegree, long term, inservice nature, providing them with some teaching techniques but little or no preparation to meet the needs of specialized populations.

The modification of service delivery systems in order to reach individual students and the understanding of sophisticated concepts of teaching and learning are rarely incorporated into any course sequence pursued by the average vocational teacher. In addition to this lack of theoretical knowledge in dealing with problems in learning, there exists the myth of special education: A belief that there is some magic power that the specialist possesses which cannot be shared with the regular teacher.

All these elements combine to produce resistance to working with the special needs student. This reluctance must be understood and addressed by those who seek to develop IEP's, which include a valid vocational component. The vocational instructor must play a key role in IEP development whether the student is to become part of the vocational mainstream or is to profit from separate vocational education for all or part of his or her time in school. Special educators who are involved in IEP development must seek out and acknowledge their need for the vocational instructor's expertise. Through participation in the process of evaluation and individual program development, vocational instructors will attain confidence in the skills that they do possess.

The programs that exist in most vocational schools are a combination of 3 elements: academic, related instruction, and actual shop or lab work. Any student who attends a vocational program will participate in all 3 areas. It is possible for a student with special needs to require a complicated schedule to receive needed support services. Given the accepted practice of scheduling alternative shop and academic weeks, it becomes difficult to plan for the student who needs remediation or therapy on a regular, not an alternating, basis. Any IEP must demonstrate an awareness and acceptance of the particular scheduling pattern of the target vocational program, and must suggest or prescribe modifications that will be possible for both school and student.

Another significant area of concern for those involved in the IEP process is the lack of any assessment instrument or established technique that is truly appropriate for evaluating the vocational potential of special needs students. Many commercial protocols are advertised but none have been found to meet all the assessment problems that exist if the broad spectrum of special needs is to be addressed. There have been some excellent in-house programs developed by vocational schools but these are the exception rather than the rule. At this time, there is an urgent need for the development of an evaluation or diagnostic model with universal applicability.

The ALPHA Group has exerted a major effort in this direction during the past year. As a result of much consultation with special and vocational educators, a diagnostic model has been developed that could serve as the basis for the development of IEP's in vocational special education. This diagnostic program depends on the combined expertise of a 3 person team composed of a special educator, a vocational educator, and an industrial arts educator. They would be trained to work together and to understand each other's disciplines. They would be responsible for working with those who are developing IEP's in comprehensive schools, vocational schools, or in private schools serving special needs students.

A detailed description of the model as it has been designed for current implementation in Massachusetts follows:

The Diagnostic Program in Vocational Education

Duration

Duration of the program is up to 8 weeks, depending on severity of special educational need, difficulty in developing an appropriate educational plan, and the need to explore several vocational areas in order to make an informed choice.

Locations

Seventh and eighth grades. Industrial Arts Department in middle school or junior high school. Can be a separate area if space is available or a sequence of experiences in the regular shop if no extra room for special lab exists.

Comprehensive high school. Industrial Arts Department using regular shop areas with a planned sequence of activities.

Vocational/technical school. Prevocational labs during regular school year or planned sequence of activities using entire school during summer.

Regional diagnostic program.

1. At least one program in each educational region shall be maintained.
2. Location within an existing educational facility wherever possible.
3. Personnel from LEAs within regions shall be called upon to provide specialized diagnostic services as needed.
4. Support for regional programs shall be provided by SEA and LEA funds; tuition rate will be established for comprehensive regional services.

The Program

Regardless of location, placement, or age of student, the elements of the diagnostic program would be the same. Each student would progress through a series of work stations designed to provide observable experiences that can serve as assessment situations for the diagnostic team. The exact sequence of activities will be prescribed by the center team using information about the student's strengths and weaknesses already obtained by the evaluation team.

In order to participate in the diagnostic program, a student must be referred by the evaluation team as specified in the regulations. A parent education component will exist in each center and the diagnostic team will confer with parents on a regular basis so that the assessment tasks will be understood and accepted.

The diagnostic team members will be specially trained to work together. Each work station will be designed to provide the team with an opportunity to observe specific points that tend to indicate a student's potential for skill development. The tasks at each work station will be chosen for their level of generalization across clusters. There will be no intent to teach a job, but rather to determine vocational exploratory areas that should be prescribed for the next phase of the student's program.

Exploratory Phase

At the conclusion of the diagnostic period, the center team should be able to advise the evaluation team as to which trade areas should be explored by the student. Before admission to a vocational education program, a student with special needs should progress through those exploratory experiences that will allow for informed choice.

Exploratory programs vary between school districts. Special arrangements must be made for students with special needs to attend exploratory programs in school districts other than their own if such programs are prescribed by the evaluation team and do not exist in the home district. Each student should complete all prescribed exploratories before the final choice is made.

The Diagnostic Team

The diagnostic teams will be composed of a special educator, a vocational instructor, and an industrial arts teacher. If additional staff is required the increase should be in the area of vocational education and industrial arts because once the students become involved in the program their major work effort will consist of shop activities.

Examples of Diagnostic Activities

Activity: Basic turning on wood lathe (straight turning).

Physical Requirements:

1. Mobility from waist up.
2. Strength in arms and shoulders.
3. Steady grip.

Observation Points:

1. Eye hand coordination.
2. Ability to integrate and follow directions.
3. Ability to make spatial judgments.
4. Ability to follow safety rules.
5. Estimation of interest.

Activity: Assemble 3 basic parts of a bicycle (front wheel, handle bars, seat).

1. Given choice of tools, establish normal rate of assembly speed.
2. Teacher gives student choice of teacher demonstration or student self exploration.

Observation Points:

1. Sense of organization.
2. Method of approaching task.
3. Demonstrates eye hand coordination.
4. Frustration level.
5. Motor planning.
6. Visual memory.

Activity: Drawing a "bead" in electric arc welding.

Physical Requirements:

1. Average visual efficiency and ability to move one arm.
2. Steady grip.
3. Tolerance of smoky environment.

Observation Points:

1. Eye hand coordination.
2. Tolerance for repetitive tasks over extended period of time.
3. Ability to integrate and follow directions.
4. Ability to make spatial judgments.
5. Ability to follow safety rules.
6. Ability to judge and maintain even rate of feed.
7. Ability to tolerate welding helmet (face mask).

Points to Consider

1. Students using evaluation center will have little or no previous experience in shop activities.
2. The short time (even if students are there for 8 weeks) spent in the center will not allow for any in-depth involvement in any of the subareas or clusters. Selected, short duration, job activities will have to be developed in each area to allow the evaluating instructors to determine student interest, aptitude, and ability to function effectively in each subarea.
3. Before students are allowed to sample subareas, they should be scheduled through a battery of tests to gauge their ability in finger dexterity; eye, ear, and hand coordination; and spatial aptitude. A basic reading test relating to practical shop terminology should be administered. This would be the basis for determining the approach to the students in shop activities (i.e., are instructions all oral or combination of reading and oral?).
4. It should not be the intent of this evaluation to try to determine precise job placement possibilities such as lathe operator, electrician, baker, but rather general compatibility with activities that can be generalized across many occupations.
5. All job activities within the center would be real, not simulated.
6. There would be no repetitive work activities since it is not the intent to develop skills in the assigned tasks but rather a series of operations designed within units of work based upon the degrees of difficulty; for example, drilling holes in wood, plastic, aluminum, and steel, in that order.

An intensive training program will be conducted to insure that the diagnostic team represents the best in professional competence. The eventual success of the student's vocational IEP may depend on how well this team functions in its interpersonal relationships. The success of the program will also depend on a commitment from state and local officials. Funding issues are a continuous problem in special education but the combination of monies available through Public Law 94–142 and Public Law 94–482 may allow many school systems to assume increased costs as they relate to developing valid IEP's in vocational special education.

The diagnostic program in vocational education promises to be the element that has been missing in combining vocational and special education. An increase in the successful programing of students with special needs in vocational education will be the ultimate proof.

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SECTION 4: Administration Practices, Patterns, and Promises

IEP Implementation: A Problem or an Opportunity?

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This paper will summarize some of the relevant findings of three major research studies on individualized education programs (IEP's) that have recently been completed, discuss concerns of state education agency and local education agency personnel collected by National Association of State Directors of Special Education (NASDSE) staff in a series of workshops that we have conducted around the country, and focus on some specific problem areas encountered in the IEP process by school personnel. Recommendations pertaining to the problem areas will be presented, and we will discuss the prevention and management of process problems as they arise. A description of NASDSE's resources and materials to assist trainers and practitioners in their implementation of IEP's and the group planning team process will conclude this paper.

National Research Data

Listed below are some of the findings of research (NASDSE, 1978) that has been conducted around the country on the IEP process. Though the research is new, most of the findings had been anticipated and are not necessarily surprising. For example:

1. Teachers are concerned about the increased amount of time they must spend in meetings, completing forms, and documenting plans.
2. Teachers are concerned that they are being asked to perform tasks for which they have not been trained. These include performing formal and informal instructional assessments; developing annual goals and short term objectives; managing individualized classroom instruction; and communicating with parents.
3. Supervisors and directors say that projecting goals and objectives for a specific period of time and matching appropriate materials with goals and objectives cause major problems for teachers.
4. In many cases teachers are disenchanted with the planning team process due to a small participation role relative to the dominant roles administrators and school psychologists have taken.
5. Student participation in the planning process is virtually nonexistent.
6. Teachers and administrators do not understand their roles in the planning team process nor do they understand their responsibilities.

Data show that not all the problems are in the same local education agency or state education agency jurisdiction, but some of these problems have led to lowered morale and job dissatisfaction for some teachers. Ultimately, teachers may vacate their special education positions, unless these problems are dealt with.

On the bright side, the research indicated the following:

1. More children are being identified and the overall services continue to improve.

2. The process of writing IEP's gave the IEP participants "good feelings."
3. Teachers who were trained in institutions where diagnostic-prescriptive techniques were taught saw the IEP as an easier concept to implement than did teachers who were trained elsewhere.
4. Districts that provided administrative support services, involved teachers in system analysis, and system planning, and provided inservice training on a regular basis tended to have minimal attitude problems in implementing IEP procedures.

NASDSE staff have conducted more than 50 workshops throughout the United States on the IEP process since May 1976. During these workshops concerns about the implementation of IEP's have frequently been expressed by state and local education agency personnel. Although no research design or analysis was applied in the collection or validation of these concerns, it was interesting to note the similarities between the workshop observations and the findings of the research previously discussed. Briefly, some of the common concerns are as follows:

1. Teachers often view the IEP as a way in which the quality of their teaching would be evaluated.
2. Both teachers and administrators were concerned about time spent away from the classroom.
3. Administrators often have passed responsibility for writing and implementing IEPs to classroom teachers.
4. Teachers often have interpreted the IEP as a daily lesson plan, and consequently have been under the impression that specific objectives should be included.
5. Administrators and teachers have interpreted written objectives to mean that they must be behaviorally stated.
6. Confusion has existed at both the state and local education agency levels as to whether the IEP should be written before or after placement.
7. Confusion has existed regarding the number of persons that should be on the IEP committee.
8. The process for providing assessment data to the IEP committee has not been clearly established.

Other concerns and observations suggest the need for comprehensive inservice training.

Implications for Administrators

The concept of individualized education programing for handicapped children clearly is not new in special education. However, previous efforts to implement this concept at the classroom level on a widespread basis have not been successful.

What these efforts have in common, however, is that they all have focused on the teacher and have attempted to change teacher behavior. But changing teacher behavior is not enough. The research and observations noted above suggest that even the most highly motivated teachers cannot truly implement individualized instruction without great personal sacrifice unless there is carefully planned administrative support at the district level.

The findings listed above should suggest the need for rapid intervention by planners, administrators, and inservice agents to correct—or better yet, to forestall—the negative situations that seem to be developing. Research and common sense both suggest that good administrative practice, such as allowing for teacher involvement in planning for educational change and for planning and meeting their own inservice needs, can go a long way toward reducing or eliminating many of these problems.

A comment from a paper recently written by a research team from the Bureau of Education for the Handicapped summarizes some of the realities and some of the promises for easier implementation of IEP's:

> The history of individualized educational programming for handicapped children cautions against excessive optimism that the day of implementation is here. Certainly the required changes in teacher role are major, the danger of lowered morale and dissatisfaction exist, and the requisite resource systems are comprehensive and complete. At the same time, there is some reason to believe that the legislative mandate provided by P. L. 94–142 may cause local and state special education administrators to join with special education teachers in searching for viable policies, practices, and resource systems for implementing individualized educational programming at the classroom level. Clearly, the best and only chance for widespread implementation is dependent upon the cooperation and shared responsibility of all special educators. (Safer, Lewis, Morrissey, & Kaufman, 1978, p. 8)

The writers note that teacher involvement and administrative support were two key elements that were not present in the IEP's that resulted in the development of negative attitudes of school personnel. Indeed, the results of studies showed benefits and positive attitudes were present when teachers were involved in the total IEP process from the district planning phase through classroom implementation. For example, in districts where IEP implementation was comparatively smooth and in operation, it was found that administrators provided: (a) support for teachers in assessment systems, (b) educational materials cross referenced to objectives, (c) standardized forms, and (d) consultative assistance. Additionally, administrators provided a communication system whereby teacher concerns both were voiced and heard by administrative personnel. Therefore, the combination of teacher involvement and administrative support contributed to successful implementation of IEP's.

Practical Considerations

Before IEP's are successfully implemented, administrators and practitioners not only need to know Public Law 94–142 requirements, but also need to implement workable solutions to problems that arise in developing programs. In developing practical solutions, the following elements should be considered:

Assessment As an Ongoing Process

Assessment should be viewed as a process, interwoven with IEP development rather than as a distinct, separate entity. Figure 1 depicts assessment as a cyclical activity which begins after identification, plays an intricate part in committee IEP development, and is continuously observed and recorded by teachers in the classroom. Classroom data is then fed back to the placement team as assessment information in the review process. Thus, it is not a legal or a practical necessity for a psychologist or an educational diagnostician to participate in all IEP meetings, yet each may play an important role in providing information to committees developing programs.

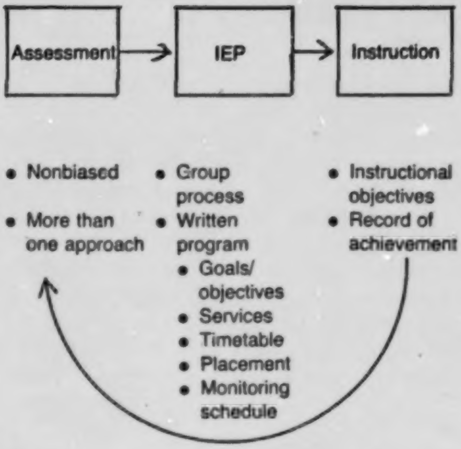

Figure 1. Assessment as an ongoing process.

Number and Type of Persons at IEP Meeting

Public Law 94–142 requires only 3 individuals to sit on a child's IEP committee—the teacher, the parent, and a local education agency representative qualified to provide or supervise the provision of special educational services—and, whenever appropriate, the child. Requirements also specify that one of the persons on the committee be knowledgeable about and be able to interpret assessment information. Unfortunately, some districts have had as many as 15 to 20 persons on an IEP committee. This can intimidate parents, pose unwieldy process problems, and force the obvious question—*why*? Granted, in some cases as many as 15 individuals may have important information that could positively affect the child's program. However, much of this information can be provided to the committee in the form of concise reports or can be communicated orally to members prior to IEP meetings. Furthermore, the law of parsimony should apply here: As small a group as possible which is thoroughly knowledgeable about the child can determine the best possible program for each handicapped child.

IEP Before Placement

The IEP must be developed before the child is placed in a special education program in order to comply with Public Law 94–142 and Section 504 of the Rehabilitation Act of 1973. Unfortunately, because of historical precedent, misunderstanding, and/or unwillingness to change existing practices, many local education agencies are doing the opposite. Until this pattern changes, the correct concept of the development and role of the IEP cannot be realized.

IEP—A Management Tool, Not a Daily Lesson Plan

The IEP is not meant to be a daily lesson plan for teachers. Unfortunately, because annual goals and short term objectives are required, the function of objectives has caused confusion. Objectives may be more or less specific, depending on the makeup of the committee, but the intent of the IEP is to delineate an overall program for the child. The child's teacher or teachers may wish to treat the committee level objectives as classroom goals and in turn develop more specific objectives for the child's monthly, weekly, or daily plan. We believe the following 4 criteria will assist committee members in evaluating the appropriateness or quality of the IEP:

1. Does it communicate?
2. Is it a basis for instruction?
3. Is it a basis for evaluation?
4. Is it relevant or meaningful for the child?

IEP Training

In May, 1976, 6 months after Public Law 94–142 was passed, NASDSE developed a workshop for the training of trainers, consultants, and members of IEP committees. Since then, NASDSE staff have conducted more than 50 IEP workshops for state and local education agency personnel around the country in which approximately 3,000 participants have been involved.

The workshop is designed so that participants:

1. Understand provisions of Public Law 94—142, particularly as they relate to placement committees and the development of IEPs.
2. Have the simulated experience of serving on a placement committee and developing a quality IEP.
3. Become acquainted with a training model to be used in local education agencies.
4. Become familiar with a resource manual and its uses as a training aide and as a reference for local placement committees.
5. Are exposed to various media, materials, and activities that may be used in local workshops.
6. Gain an understanding of some of the problems that will arise as local school districts implement the IEP.

The workshop can be conducted in 1 or 1½ days depending upon the needs of the participants. Evaluations have consistently shown the workshop to be very relevant, informative, and productive for the participants.

A manual, *Functions of the Placement Committee in Special Education*, is the major resource for the workshop. The manual was developed by NASDSE in cooperation with the Kentucky Department of Education and a number of individuals who contributed to its conception, development, and field testing.

A 15 minute cartoon slide show illustrating the IEP process, *A Trainer's Guide for Conducting IEP Workshops*, and a booklet containing the findings of the research projects mentioned here previously are other resources used in the workshop. All of these are available for purchase from the NASDSE national office.

Summary

Reaching the goal of providing full services to all handicapped individuals will be a major task for state and local education agencies to accomplish. The IEP is the key to such a goal in that it is based on the child's educational needs. Public Law 94–142 is now reality. In order for national legislation to become effective at the classroom level, participatory planning involving all levels and all disciplines relative to the education of the handicapped must take place. Problems in process will arise but as state and local education agencies implement their new responsibilities, the problems can provide an opportunity for the development of creative and innovative ways to meet the needs of handicapped children.

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The State Education Agency as a Communication Link

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The demands placed upon our total educational system to provide a free appropriate public education for all handicapped children, as mandated by Public Law 94–142, cannot be met without a smooth flow of information within and between service agency personnel. Whereas the need to communicate has not been so critical in the past, it is now fundamental to successful program implementation. The central focus of this paper is specific practical suggestions on how the state education agency can become an effective link in the communications process between all service providers. Discussion will be directed toward the establishment of a standardized format for individualized education programs followed by the development of student competencies and common goals, objectives, activities, and materials.

Section 612(6) of Public Law 94–142, the Education for All Handicapped Children Act, clearly specifies that the state education agency is responsible for the supervision of all special education and related services to handicapped children. Part of this supervisory responsibility includes the establishment of appropriate rules and regulations, review and approval of agency plans and applications, and monitoring of agency compliance. The state education agency thus has been identified as the keystone for implementation of the Act. The state education agency must assume an action role that will lead to the establishment of a common IEP format that will foster communication among parents, teachers, administrators, and students.

Developing a Standard IEP Format

Before the banner of local autonomy and 1984 Big Brother is raised in response to the preceding statement, let us define what is meant by the call for a common format. It is a basic listing of the elements that must exist in a child's IEP (i.e., statement of annual goals, child's present levels of educational performance, etc.). Each item is defined in commonly understood terms. The state education agency may recommend a graphic display of the various elements. Whether an item is placed on the top or bottom of the form is a local decision. The important issue is that the state education agency has assumed the active role of establishing in a common format what must be in a child's IEP. The usual administrative document for the dissemination of this information is the state rules and regulations for special education. Delaware's *Administrative Manual for Programs for Exceptional Children* (Delaware Department of Public Instruction, 1977) has specifically been developed in this manner. An alternative to inclusion of the format elements in the state regulations is the development of a resource manual to assist individuals in developing IEP's. The *Illinois Interim Resource Manual for Preparing Individualized Education Programs* (Illinois State Board of Education, 1977) is an example of this more indirect approach.

Independent of whether the state education agency action has been direct or indirect, the agency must exercise its authority to establish the core elements of the IEP. Many individuals may wish to see additional items or details added to IEP's, but the state must establish the basic IEP format that reflects the appropriate federal and state legislation. Numerous subsequent problems with program auditing will arise from areas that are not clearly and specifically addressed in the IEP format.

The state education agency format for the IEP should not be limited to local education agencies. As is specifically indicated in Section 612(6) of Public Law 94–142 and expanded upon in Section 121a.600 of the August 23, 1977 Regulations, the state education agency is responsible for the education of handicapped children regardless of which agency is actually delivering the services (e.g., Department of Health, Division of Mental Hygiene, etc.). Thus the development of a basic IEP format is also vital to interagency communications. The state education agency format regulations and/or informal resource manuals must be applicable to all service agencies.

The federal regulations suggest a variety of means for establishing state education agency supervision over interagency activities. In Delaware, establishment of the IEP format has progressed as a result of an administrative agreement, developed under the direction of the governor's office, which specifies that all agencies will be in compliance with the state education agency rules and regulations for exceptional children. Compliance is checked by the state education agency as it reviews and monitors all Public Law 89–313 funds expended by state agencies. Thus, an agency not following the state education agency regulations can lose both state and federal funds. The state education agency in Delaware has in this way accepted the responsibility for establishing the common elements of the IEP and, therefore, has assisted service providers to better communicate via the student IEP. The state education agency must accept this responsibility and become an effective link.

Identifying Competencies

The next step in the communications process is to expand from the structure of the IEP plan form to identifying competencies a child should master while in school. Pressure is being felt nationwide from the accountability and competency based education movements. The state education agency must assume the leadership role in defining what competencies a child should attain. Delaware is presently developing two levels of competencies. Level 1 competencies encompass the basic skills of the three R's; level 2 relates to the competencies needed in terms of the Adult Performance Levels (APL) defined by The American College Testing Program (1976). Statewide testing of level 1 competencies is already occurring in grades 1, 4, and 8; a test of the level 2 APL competencies will be initiated for all 11th grade students in the spring.

The statewide competency program will be related to both state objectives and various commercially produced objective lists. In the future, the tremendous number of person-days that would have been wasted by having teachers create specific objectives for children will be saved by using such available standard objective lists as System FORE (1975) and Behavioral Characteristics Progression (Santa Cruz County Office of Education, 1973). In Delaware the state education agency is presently negotiating with the VORT Corporation to cross reference the Instructional Materials Listing (VORT Corporation, 1977) with the state objectives and then to establish a statewide objectives-materials listing. The common format of the IEP would thereby be expanded to include commonly identified objectives and materials. In this manner the state education agency is further aiding both the intraagency and interagency communication process.

The student individualized education program plan can stimulate communication, but some degree of standardization is needed. This paper has identified what the state education agency must do in order to better facilitate intraagency and interagency communications. The desire is not to destroy local creativity or initiative but rather to assist local agencies in their efforts to ensure a free appropriate public education for all handicapped children. A common language in terms of IEP format, terminal competence, and established goals and objectives will aid in this communication process. Parents, teachers, administrators, and students will all have a basis upon which to communicate.

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Determining the Least Restrictive Environment in a Service Continuum

KEN REAVIS

In 1966, the Virginia Mental Health and Mental Retardation Board was considering alternatives to long term residential placement for mentally retarded individuals. In the same year the formal declaration of general and special rights for persons with mental retardation was published. This declaration generally indicated that mentally retarded persons have the right to participate in all aspects of community life and, if a restricted living situation is necessary, they have the right to receive assistance in surroundings and circumstances that are as normal as possible.

One of the specific recommendations made by the Virginia Mental Health and Mental Retardation Board was for developing a system of regional mental retardation training centers. Virginia's Department of Mental Health and Mental Retardation followed that recommendation and organized a system of regional training centers which form an important part of the resource system for mental retardation services. The Southeastern Virginia Training Center (SEVTC), which serves Southeastern Virginia, is one such training center. SEVTC serves an area of over 100 square miles that includes both urban and rural populations. Regional training centers were originally conceived to provide a complete array of mental retardation services for the geographic region they are to serve. SEVTC has a dual objective: one is to deinstitutionalize and normalize the lives of persons presently institutionalized; the other is to assist on a short term individuals living in a community whose programs do not offer the necessary training. SEVTC also aids community agencies within the region in developing new programs for moderately, severely, and profoundly handicapped persons.

Representatives from community agencies which provide services to the mentally retarded are drawn together and comprise "Community Focus Teams." The eight area Focus Teams are each coordinated by the local Mental Health and Mental Retardation Community Services Board. Each Focus Team reviews individual requests for mental retardation services in their community and coordinates the capabilities of their respective agencies and services to achieve the least restrictive service plan for each person.

Prior to the "Focus Team approach," most of the applicants for service would have been placed on an institutional waiting list. Now, approximately 70% of the persons reviewed are given a service program plan in the community. Moreover, of those referred and placed within the residential facility, about 36% are now being returned to the community each year.

To facilitate efforts for community integration of developmentally disabled individuals, the ability to obtain information concerning the individual's level of functioning and behavior becomes critical. That is, if functional independence is advocated as the ultimate goal, procedures must be established to account for individual progress toward that goal.

One system part is a phase assessment and prescription system proposed and developed at SEVTC (Reavis, Oksner, Hylton, and Morrey, 1975; Reavis, Hamel, & Morrey, 1977). The system is comprised of 3 criterion referenced instruments that are designed to measure the individual's differential skill levels as more normalized living is approached. Specifically, at the screening level a skill assessment instrument (Pre-entry Instrument) was designed to initiate the community integration process. The aim of the instrument is to identify mentally retarded individuals currently living in large and distant institutions who are most likely to profit from systematic training services at short term, specialized habilitation facilities. At the second phase, the training and programing level, the Post-Entry Instrument was constructed to measure behavioral gains as a function of training programs.

Finally, at the community level, development and validation of the third instrument (Community Living Skills Profile) are presently in progress. Its purpose will be to survey skill levels at varying degrees of independence in several different community living alternatives (e.g., natural or foster homes, group homes).

With these instruments, it is possible to gain the information necessary for appropriate initial placement, the specification of performance based program goals, program planning, and continuous program evaluation and refinement—all leading to the movement of handicapped persons through successively less restrictive environments until such time as they are placed in the community at large.

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The IEP: A Process, Not a Form

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When Public Law 94-142 was signed into law, states and local districts were in various stages of readiness. One of the sections of the law that seemed to cause the greatest disagreement regarding its value was the mandate to develop IEP's for all handicapped children. One of the major complaints from school district personnel was that the IEP requirement meant more paperwork, yet another form to fill out.

Most of the inquiries coming to the New York State Education Department relating to the IEP concerned questions about IEP forms—the major focus was on the form. However, the Department's position was that the intent of the legislation was to establish a process for insuring effective programs for children and that this form was merely the documentation of the process. As a result, the major problems with implementing the IEP concept should be with the process rather than the form.

When there are major programs implemented on a statewide basis, the State Education Department is usually looked to for guidelines. This, of course, causes a real dilemma. Should guidelines reflect "best thinking" prior to implementation, or "best practice" based on pilot tests of implementation? New York State decided to issue guidelines based on test implementation.

Five pilot projects were created to test the process involved in implementing the IEP mandate. The districts that participated were Rochester, New York City (urban districts), Saratoga Board of Cooperative Educational Services (BOCES), Monroe County BOCES #2 (suburban and rural districts), and St. Lawrence County BOCES (rural). These sites were selected to discover whether there would be different problems encountered by districts with geographic and demographic differences. Would there be differences between urban, suburban, and rural districts; large, small, and intermediate units; sophisticated and nonsophisticated delivery systems? The goal of these projects was to track the entire process from the time it began to the time the IEP was evaluated. Projects were to provide information on (a) geographic and demographic effects on the IEP process, (b) major problems in implementing the process, (c) solutions to these problems, and (d) successful implementation practices.

The results of these projects, plus other programs and experiences, provided the New York State Education Department with a valuable pool of information regarding critical points in the IEP implementation process. Several key things were learned and are discussed in this chapter.

A Statewide Form

One of the dilemmas facing the State Education Department was whether or not there should be a statewide form. From the number of requests that were made to the Department to send to a district the state IEP form, it appeared that many district representatives favored such a form. However, based on the input from the school districts participating in the pilot projects, the feedback was that a statewide form would provide difficulty for all. Districts with sophisticated delivery systems would be hampered by a form designed for districts without, and vice versa. The bureaucratic needs of New York City were far different than those in St. Lawrence County. Of course, any form would have to meet the required stipulations of the law, but the specific form of a district should be left to local needs and organizational structures. There appeared to be no reason for a statewide form other than for uniformity.

Demographic and Geographic Differences

Several key differences were discovered among urban, suburban, and rural districts during the initial year of IEP implementation. Administrators who need to deal with the development of quality IEP processes should keep the following points in mind:

Urban Districts

Urban districts have the following problems to deal with:

1. Teacher unions are an important factor in any educational process, particularly in urban areas. Unions must be involved in planning and developing formats and procedures. Related to this, it was found that teacher resistance was higher among highly organized groups. The perceived threat of litigation, primarily voiced through a concern about the possibility of IEP's leading to malpractice suits, is higher among teacher union members, and this has to be considered in planning.
2. IEP related matters are more likely to be subject for negotiation. It is essential for individuals to realize what is and isn't negotiable (i.e., teacher involvement in the planning conference versus teacher release for the planning conference).
3. The IEP document format should accommodate existing service delivery systems as much as possible. Cities, though much maligned, often have sophisticated and varied delivery systems and services. Allowing the IEP procedures to fit the established systems whenever possible, rather than forcing impractical or artificial changes, will lead to greater success.
4. Instructional and administrative training is a formidable task, and resources must be directed toward this task. There is a temptation to overlook the need for adequate training. The fact that the cities provide a greater challenge in this area is all the more reason why urban districts must provide inservice training in the IEP process to staff.
5. Parents will involve themselves but the district must be flexible. If we can put aside the typical socioeconomic stereotypes, parent involvement can be less difficult in urban than in rural areas because, in many more cases, the child is going to school in his or her community. Furthermore, urban districts must pay much greater attention to communication in languages other than English, and other than Spanish, too.

Suburban Districts

In general, there were fewer problems identified with suburban districts:

1. More community participation and concern about the process exists. Large districts that run their own special education programs have had parent-teacher relationships that have been positive for some time.
2. Parents in suburban areas are more likely to know their rights and, therefore, may be more aware of due process procedures and be more aggressive.

Rural Districts

In rural areas, service delivery is in most cases administered by Intermediate Educational Units:

1. There is less capability for mass communication. It is a much more difficult task to reach the general public about changes in

programs, since there is often an absence of local television, radio, and daily newspapers.

2. Parent conferences can pose great difficulties. Rural districts and intermediate units must pay more attention to a variety of alternative ways to allow parent participation.
3. Parents are less sophisticated; they often have less experience with school involvement and interaction. Thus, provisions for parent training are crucial in these districts.
4. The teacher can often be isolated. There can be a problem with district cooperation in those districts where handicapped children are served by Intermediate Educational Units. The teacher can be seen as an outsider in the building. Thus, teachers are often left alone to fend for themselves. The burden for the IEP could then rest with the teacher, not only for completing the IEP but also for components, such as arranging conferences and levels of mainstreaming. The results could thus become dependent on the teachers skills at informal relationships and friendly persuasion.

Identification of Major Problems

Through the 5 pilot projects and other events of the year, 4 basic problems were identified that could create barriers to the success of the IEP process:

1. *District focus on the form instead of the process.* There were reports of districts giving teachers blank IEP forms and asking them to fill them out on their own. In some cases, little attempt was made to establish procedures to make sure that what was being put on the form was the result of a solid planning process.
2. *Information flow.* Some districts did not have established adequate processes to insure the flow of information from one party or group to another.
3. *Role clarification.* Individuals were not sure of their roles in the process. Thus, there was much confusion as "to who was to do what," "who was to initiate what," and "who had what responsibility."
4. *Parent-teacher communication.* Both groups were uneasy and unfamiliar with their roles, particularly the one intended by the legal mandate—that of cooperative planning.

Implications for Implementation and Guideline Development

1. Information flow is critical. Information has to flow to the right personnel at the right time and must be complete. To have a successful IEP process, each district must have a formal system and procedures that insure the flow of information. Furthermore, each party involved in the IEP development process must know what the system is.

   It was found that systems did not exist to insure that those involved in the planning conference had necessary data available from other sources. Teachers were being asked to write IEP's in an information vacuum. Then, IEP's, once written, were not going to the right people. Children are still moving into districts without them. Parents often are not getting copies. The system can vary from district to district, but there must be one in each district.
2. Individual roles must be clarified. One of the results of the IEP being treated as the burden of the teacher has been the lack of clarification of the roles of individuals in the process. Districts must have clear guidelines as to what each party's role in the IEP is, and must make that information available to those involved. Questions such as, "who writes the IEP?" who gets the information together? "who sets up the planning conference?" and "who insures due process is appropriately carried out?" should all be answered. Yet all too frequently, the answer to these questions is the teacher. Parents, teachers, and students must all be informed of their roles. Perhaps the key role is that of the administrator who must provide effective leadership.
3. The planning conference must allow for input. It states clearly in Public Law 94-142 that parents must have the opportunity to participate in the development of the IEP. Unfortunately, many planning conferences consist of districts telling parents what a child's program will be, and are not designed to involve the parent in the development process. The planning conference should be designed to encourage parent input—and to use it.

   The parent conference should not be an intimidating situation for the parent. On the other hand, it should not be a situation where the parent can co-opt school district personnel into unrealistic IEP's or unsound educational decisions in order to avoid hostile parents or due process procedures.

4. Inservice training is needed. Districts must provide inservice training to all staff, and it should focus on the process of IEP development, not just on requirements of the law or on filling out the form. Parents should also be included in the inservice programs. A major inservice focus should be effective participation in the planning conference.

The IEP Form

Some ideas regarding the IEP form follow:

1. Some districts are using the IEP forms in place of report cards and it has initially worked well.
2. Some districts are using NCR paper to facilitate the distribution of copies.
3. The IEP form should have a place on it for the parent's role. Activities can be written into the plan so that parents become a partner in the program. Many parents would welcome this type of support and direction and the IEP could be an initial step to improve home-school relationships.
4. There may be a need for different formats for children with different types of handicapping conditions. Certain children, such as the severely handicapped, may need emphasis on multidisciplinary assessment and task analysis, while mildly handicapped children may need more emphasis on participating in regular education. The important point is that the IEP format should not limit its use with a variety of children.

Conclusion

The pilot projects conducted by the New York State Education Department and inputs from other experiences during the year showed the following 4 major problem areas:

1. A focus was placed on the form rather than the process.
2. Systems to insure flow of information were not in place.
3. There was a problem of role clarification.
4. Parent-teacher and home-school communication needed improvement.

The projects and other experiences showed the IEP could be positive, if seen as an important process rather than a paperwork burden. Most important, the barriers and problems that do exist can be overcome with effective leadership, clear guidelines, information flow and the involvement of parents in a positive manner.

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Implementing IEP Requirements in California, Massachusetts, and Montana

JAMES D. MARVER
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Public Law 94-142 requires local education agencies to develop a written IEP for every child with special educational needs. The requirements for IEP's ask local staffs to carry out tasks that often go far beyond their current responsibilities. Even before the law took effect, it was anticipated that implementation of its IEP requirements would be extraordinarily difficult. Senate testimony, the popular press, teachers' unions, and individual teachers reflected worries about the time and costs of paperwork and meetings, and the inability or disinclination of some teachers to identify and assess children, to write IEP's, and to meet with parents. In response to those concerns, we undertook the study discussed here at the request of the Office of the Assistant Secretary for Education. We were asked to find out what the federal government could realistically expect from local education agencies and whether IEPs could be developed according to these regulations—and if not, why not. Finally, we were asked to identify ways in which the federal government could facilitate implementation. This paper summarizes the major findings of our report, "Implementing the IEP Requirements of Public Law 94-142."

The IEP requirements of Public Law 94-142 have three aspects: the process by which the plan is developed, the written plan itself, and the use of the plan in the classroom. This study is limited to the first two aspects, since the utilization of IEPs is the subject of a separate study now in progress. To document the problems encountered in implementing IEP requirements and attempted solutions, we investigated the experiences of 3 of the 5 states that had adopted and implemented similar legislation at least one year before Public Law 94-142 was enacted. Seeking variation in district size, wealth, and population density, we selected districts in California, Massachusetts, and Montana for our study sample.

During the 1976-77 school year we interviewed approximately 200 participants in the IEP process in 15 districts. Those interviewed included regular teachers, special education teachers, specialists, administrators, counselors, nurses, and parents. In addition, we observed planning sessions, placement meetings, and special education classrooms, and we examined more than 150 actual IEP's.

Legislative Requirements Being Met

In general, the worst fears about implementing IEP requirements were not realized in most of the districts we visited. Although difficult problems exist, students are being identified and assessed, placement meetings are being held with the required participants (including parents), and written plans are being produced. Thus, the main legislative requirements are being met. An underlying reason for this seeming success is that IEP requirements serve primarily to formalize activities that in many districts have always occurred, at least to some extent. In the past, many state education agencies have required districts to identify, refer, assess, and place certain classes of children. The IEP requirements focus and coordinate these activities and direct them toward the determination and provision of an appropriate special education. In many places, this formalization has increased the attention paid to each child's needs.

Ironically, although Public Law 94-142 and similar state laws formalize activities that already occur, one major change brought about by such laws has been an increase in the informal and voluntary activities that accompany preplacement planning. It is these activities that, by increasing communication among all the interested parties, can strongly influence the extent to which the child benefits from the legislated process.

Specifically, we found that in most districts, informal and/or voluntary activities begin immediately after identification or referral. Referring teachers and prospective receiving teachers as well as evaluation personnel begin discussing the child's strengths, weaknesses, and probable placement. In addition, many districts hold an institutional preplacement planning meeting with most of those who will attend the formal placement meeting except for the child's parent. Participants might discuss the need for further assessments, available and possible placements, and how to deal with the parent. Portions of the IEP itself (e.g., strengths and weaknesses, annual goals) might also be drafted.

Although these activities often reverse the expected sequence of events in which the setting of goals and objectives follows a tentative placement decision instead of preceding it, they serve more often to meet the intent of the law than to thwart it. The reversal in the sequence of events is also a product of school personnel basing placement and therefore instructional decisions on the availability of services.

Parents are often asked for their contributions, and the various participants communicate with each other more frequently than in the past. Much paperwork is completed prior to the placement meeting so that less meeting time is spent in writing the formal IEP.

Placement Meetings

The formal placement meetings are taken quite seriously by all districts in the sample. For the most part, the school staff required by statute to attend do so, and most arrive both informed and prepared to participate. The federal regulations requiring a district representative, teacher, parents, and an evaluation person (the child's teacher or the administrator, under certain circumstances) seem appropriate to us in terms of the number and mix of professionals at placement meetings, although the administrator (typically the school principal) appears vital primarily when there are wide differences of opinion regarding placement, when the child could "slip through the cracks" between classes or schools, or when the principal knows the child's family. The regulations, however, include principals since only they can commit the school to providing specific services. Including more individuals could bring a broader perspective to bear on a particular child, but it would obviously increase costs since professional time is expensive, and enlarging the meetings would tend to intimidate parents further.

Although the anticipated problems of logistics and coordinating the meetings do exist, districts have developed various strategies for dealing with the difficulty of gathering several busy people together for a placement/IEP construction meeting. These problems are accentuated in rural schools, which have limited access to appropriate specialists, and in secondary schools, where six teachers all may teach one student. Solutions have included holding meetings before school, during lunch, or after school, each of which limits the time available for discussion which may not be in the child's best interest. Moreover, teachers' unions might not accept this as a routine solution, nor do they favor allowing an aide or counselor to take over the classroom while teachers attend meetings.

Another solution, though a costly one, is to hire substitute teachers and schedule several meetings for a single day. Some districts use one core team to participate in all placement meetings. This has the advantage of bringing together participants accustomed to working with each other and familiar with each other's roles and responsibilities. The obvious drawback is that the team does not automatically include those persons most familiar with the child. Still, the parent or case manager can invite additional persons for a particular meeting. A variation on this solution is found where districts draw on county personnel as well as their own. The county can provide the core team of specialists who are joined by the child's regular teacher and prospective special education teacher. In addition, written summary statements from additional potential participants can be read by the case manager or chairperson at the meeting.

Local education agency staff expressed a need for training in several areas to facilitate the successful implementation of Public Law 94-142. They need more information on how to identify children and clearer guidance on which children should be referred for special educational services. Such training is particularly important given the various incentives for overidentification and underidentification. The tendency to overidentify results from fear of liability for not identifying, the potential for an easy dumping ground, and special funds. (Although earmarked special funds—whether from the state or federal government—rarely cover the cost of the additional services, some respondents indicated the attractiveness of the funds nonetheless.) Examples of incentives to underidentify include inadequate services and excessive paperwork. Therefore, clear guidelines, at least, are needed to counteract the inherent incentive system.

There is also a need for training in assessment, including what comprises an appropriate assessment, how to administer tests and interpret results, and how to record and manage data. Finally, training in how to communicate effectively and how to run meetings well is needed to help relationships among staff and between staff and parents. Simulation exercises might be particularly useful in these cases.

Parental Participation

Parental attendance at IEP meetings was high, ranging from 50% to 90%, and was usually over 80%. It was greatest for severely handicapped children, initial placements, and younger children. We found that schools could increase attendance through reminder phone calls, specific invitations, early involvement, convenient meeting times, and encouragement to bring friends and relatives.

Although most districts actively sought parent participation and input, parents rarely contributed much to the proceedings. They were most likely to provide help when queried in less threatening environments, such as at home or in the classroom, and when they had visited prospective placement classrooms.

School personnel are not yet fully accustomed to parent participation, and in many cases they are unhappy with it. They feel the IEP process is too often seen as a panacea for any sort of underachievement and that parents sometimes arrive at a meeting with preconceived ideas, often wrongheaded, about the best placement. Not everyone is comfortable working with parents, and some teachers feel that granting due process rights to parents detracts from the professionalism of the teacher in that it suggests past negligence. They point out that regular teachers do not face the same accountability involved in setting goals and objectives.

Nevertheless, parent satisfaction with the IEP process is very high, and it seems to be based on parents being given the *opportunity* to participate, even if it is not used. Parents perceive the school as accepting some of the responsibility for their children's development, and they find this comforting. It is also important to parents to be kept well informed about their children's progress. Those parents who expressed dissatisfaction were mostly those who had not been informed of meetings, or not provided with free IEP copies. In some cases, parents were upset because they could not understand the proceedings, they felt intimidated by the size or composition of the meeting, or they felt railroaded into certain placements. Translating technical jargon into lay language and having bilingual help where needed seem to be important.

IEP Documents

Written plans are being produced for most students receiving special educational services. They tend to meet the letter of the law, insofar as they contain the components required by Public Law 94-142, but they do not always meet the law's intent. For example, the use of the same list of goals and objectives for all students thwarts the intent of individualization, and the IEP's are not always timely. Nearly all tend to reflect only the special education services and not the regular classroom services. In addition, for all required components of the IEP, there is a tension between specificity and generality. Although the IEP is not legally binding, IEP writers and implementers favor flexibility, hence generality and vagueness, both because it is easier to claim fulfillment of vague or general goals and because they need not be rewritten each time the child makes or fails to make progress.

Conclusion

Overall, we conclude that the task of implementing the IEP requirements of Public Law 94-142 is not an impossible one, although meeting the letter of the law poses fewer problems than realizing its intent. Problems will definitely arise, particularly in developing a system for handling the logistics of the placement meetings and the production of IEP's under the current deadlines. Most of the specific training needs cited above are probably best provided by the state education agency. Nevertheless, the federal government can play a useful role in providing guidance and incentives for meeting recognized needs. Initially, the most important of these needs is for orientation to and explanations of the requirements of the law and the regulations. Many local education agency fears result more from misunderstandings or confusion over what is expected than from the legal requirements themselves. Similarly, specific problems encountered, such as those surrounding the content of IEP's, are exacerbated by lack of understanding of the terms and of the role of IEP's vis-a-vis accountability and compliance. To the extent that the federal government can assist in clarification of the requirements for both state and local staffs, the implementation of Public Law 94-142 will be facilitated.

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The ABC's of IEP's

FRED WEST
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NANCY LaCOUNT

Note: The term individualized education program *as defined by P. L. 94–142 is synonymous with the term* individual education program *as used in the Kentucky model discussed in this article.*

The development of systematic procedures for use by local school districts in developing and evaluating individualized education programs (IEP's) has become a formidable task as states implement the provisions of Public Law 94–142. As recent publications of the National Association of State Directors of Special Education have stated (NASDSE, 1976, 1977) Kentucky has established itself as a leader in the use of the interdisciplinary team approach to identification, assessment, planning, and evaluation of IEP's for exceptional children. Model procedures for developing and evaluating IEP's which have been field tested and used in training local school district personnel, have been revised, and distributed statewide in Kentucky (Bureau of Education for Exceptional Children, 1977). In addition, according to information from the National Association of State Directors of Special Education, the Kentucky model for developing IEP's is currently being used in some form in 33 states across the nation.

Public Law 94–142 outlines procedures for carrying out a sound, logical educational process and specifies means for implementing these procedures: (a) the formation of a committee responsible for making specific decisions concerning a specific child and (b) the development of an IEP. The formation of a committee and the development of an IEP are steps specified by law that enable local education agencies to meet the intent of the law. Through revised state laws and regulations, many states, including Kentucky, have demonstrated an intent that is parallel to Public Law 94–142.

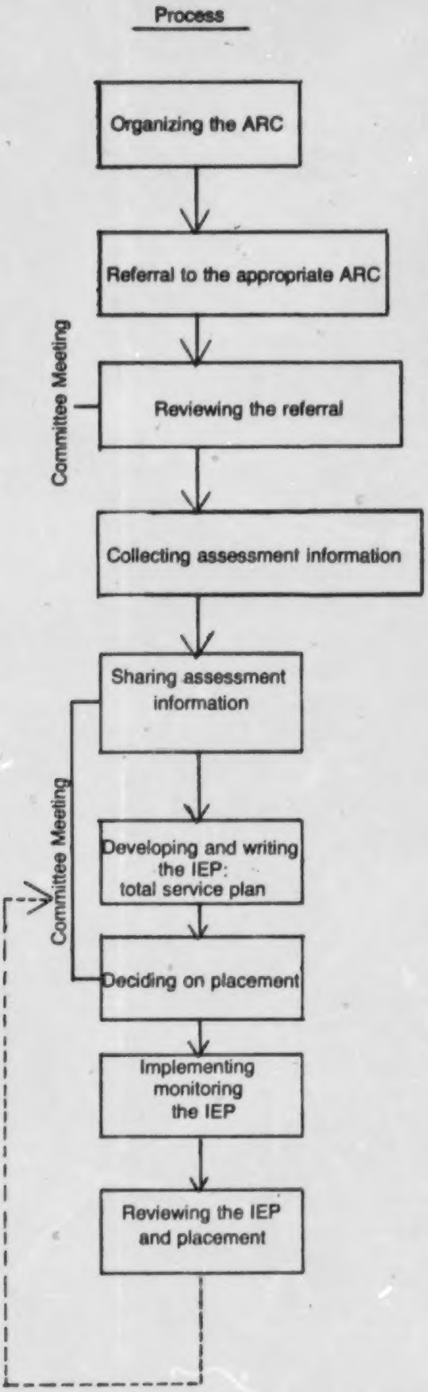
The Committee

Kentucky Administrative Regulations established 2 types of committees that have similar functions but which receive referrals from different sources. Each local school district must have one districtwide Administrative Admissions and Release Committee (AARC) and each school must have its own School Based Admissions and Release Committee (SBARC). The AARC receives referrals on children who are (a) not currently enrolled in school, (b) enrolled in private schools, or (c) enrolled in public schools outside the local school district. The AARC also receives referrals on those children for whom a local SBARC cannot reach agreement regarding an appropriate educational program. The SBARC receives referrals on children enrolled in its particular school.

Membership of the total committee varies both in roles and individuals fulfilling the roles. The child's needs determine the committee membership. Membership on the committee should be based upon the competencies and information needed to identify the child's needs and to prescribe the child's programs. The committee expands as the problem defines itself. Total membership is thus a response to the actual needs of the child.

Technically, the basic composition of an Admissions and Release Committee (ARC) is established, by regulation, as soon as a child is formally referred to the chairperson. In addition to including the child, when feasible, the membership of the 2 types of committees as established by Kentucky regulations is as follows:

1. Administrative Admissions and Release Committee (AARC): (a) director of local school district program for exceptional children (chairperson); (b) local school district superintendent or designee; (c) referred pupil's principal, if enrolled in public or private school; (d) involved instructional supervisor, dependent on age and instructional level of child; (e) parent(s) of referred child or their designee; and (f) consulting members as requested by AARC.
2. School Based Admissions and Release Committee (SBARC): (a) building principal (chairperson); (b) referring teacher(s); (c) teacher(s) of exceptional children; (d) parent(s) of referred child or their designee;


Process
Organizing the ARC
Referral to the appropriate ARC
Committee Meeting
Reviewing the referral
Collecting assessment information
Sharing assessment information
Committee Meeting
Developing and writing the IEP: total service plan
Deciding on placement
Implementing monitoring the IEP
Reviewing the IEP and placement

Activities

Roles of committee members established
Decision making style specified
Record keeping procedures set up
Procedures and forms specified for referrals, due process, and writing the IEP

To SBARC if child enrolled in school
To AARC if child not enrolled in school or if SBARC is unable to reach or implement decision
Parents informed of referral
Committee members automatically designated
Structure, agenda, and schedule of meetings determined
Parents informed of meeting and invited to attend

Referral reviewed
All available information examined
Questions generated by committee
Need for further assessment determined
Parents informed of rights
Parental consent obtained for further assessment

Responsibilities assigned for obtaining assessment (consulting members named)
Assessment scheduled and completed
Assessment summaries received
Assessment summaries reviewed as to appropriateness and completeness

Parents informed of meeting and invited to attend
All available information and evaluations examined
Oral reports made on all obtained information

Present level of performance summarized
Annual goals determined and prioritized
Short term objectives written for each annual goal
Support services, person(s) responsible, amount of time, expected duration, and review dates specified for each short term objective
Criteria for evaluation specified

Placement recommendation based upon consideration of (a) the goals, objectives, and services indicated on the IEP; (b) state eligibility requirements; and (c) the least restrictive environment
Placement recommendation specified on IEP
Percentage of time in regular classroom indicated in IEP

Parents informed of rights
Parental consent obtained for placement

Parents informed of continuance in program, if continuance is recommended
Parental consent obtained, if change in placement is recommended

Responsibilities assigned to implementers
Administrative support services assigned
IEP: individual intervention plan developed by implementers
Procedures specified for reporting child progress

IEP and placement reviewed and evaluated
IEP developed for the next year

Figure 1. The admissions and release committee.

and (e) consulting members as requested by SBARC.

In addition to specifying membership for the committee, Kentucky regulations specify various functions or responsibilities of the committee. Some functions specified include:

1. Discussing results of formal and informal evaluations.
2. Making recommendations for appropriate services and programs for the referred pupil. These recommendations shall include a written summary, in educationally relevant and common terms, of the referred pupil's special needs, offering explicit strategies for meeting such needs and stating criteria by which the effectiveness of such intervention strategies may be determined (i.e., individualized education program).
3. Reviewing, at least annually, the placement of each exceptional child in the school in relation to his or her educational progress in that setting.

Figure 1 outlines the operation of the committee. The processes and activities involved in the functioning of an ARC have been developed from sections in Kentucky regulations related to the Admissions and Release Committee and Due Process procedures. The outline is designed to help an ARC comply with both state and federal laws and regulations.

Assessment for Planning the IEP

The first and continuing task of an ARC is to gather information about a referred child. This is usually accomplished through child assessment. The major purposes of individual child assessment are (a) to screen those students who are experiencing significant school related problems, and to identify, evaluate, and place them in an appropriate educational program, including special education and related services; (b) to obtain information that can be used to develop an IEP designed to meet the specific educational needs of the identified exceptional child; and (c) to obtain information necessary for specific instructional programing.

Assessment of instructional needs is done to acquire the necessary information to develop an appropriate IEP for the exceptional child. Norm referenced and standardized tests are frequently used for identification and placement purposes. The results may be used to determine if the child meets eligibility criteria for specific programs. Also, the summaries of such assessments may be used to develop such required components of the IEP's as strengths and weaknesses, annual goals, short term objectives, and educational and support services needed.

Although information is collected as part of the assessment for identification and placement, additional information is often necessary for instructional purposes. Assessment of this nature should consist of (a) an analysis of the situational variables in the student's environment that could be affecting performance in school and (b) assessment of specific educational needs.

Analysis of Learners in Their Environment

Several techniques may be used to gather information on variables in the student's environment that may be affecting performance in school. Teacher and parent interviews may indicate specific conditions that give the student problems. Direct observation in the classroom may be used in gathering data to determine specific factors that may affect student performance. Variables assessed through behavioral observation include student performance on different academic tasks in several skill areas, performance in a variety of instructional settings (i.e., individual, small group, large group), and classroom interaction patterns (i.e., student-student, teacher-student).

Assessment of Specific Educational Needs

Formal and informal diagnostic techniques are used to assess specific educational needs in basic academic skills such as reading, writing, spelling, arithmetic, and spoken language. Criterion referenced tests help pinpoint student skills in terms of actual operations he or she can and cannot perform. Criterion referenced test items are arranged hierarchically in the general sequence in which the skills are taught. Therefore, each test item is diagnostically useful and teachable, and the point at which the student breaks down in the skills sequence becomes the point at which the teacher begins instruction for the student.

Informal teacher checklists assist the teacher in monitoring the student's skill mastery. As the student accomplishes a specific skill, the skill is checked off by the teacher or the student. Informal checklists may be custom made to reflect the scope and sequence of the skills the teacher wishes to teach.

Error analysis provides specific diagnostic information through the establishment of consistent types of errors in tasks assigned to the student. Identification of consistent error types and patterns provides clues as to the most appropriate educational strategies, methods, and materials to use with a particular student.

Diagnostic teaching consists of *in situ* analysis of contextual variables important to maximum instructional pay off. The goal of diagnostic teaching is not to determine the correctness or incorrectness of the student's response to a task, rather it is to pinpoint variables that affect how the student arrives at the response. Variables investigated might include the level of task difficulty, mode of task presentation and response, instructional materials used, reinforcement system, instructional pattern (i.e. individual, small group, large group), and time allotted to teach the instructional task.

Ultimately, assessment for planning the IEP should provide (a) the ARC with the information necessary for determining appropriate goals and objectives, and (b) the implementing teacher(s) with information necessary for initiating an optimal education program for the individual student.

The IEP

The results of child assessment should flow logically into the planning functions of the ARC. Using the assessment data, the ARC specifically defines the student's needs and then plans remediation. This is then recorded as the IEP.

The Kentucky model separates the IEP into two levels: the total service plan (TSP) and the individual intervention plan (IIP). The TSP is the more general level and contains the components specified in Public Law 94–142. The ARC has the primary responsibility for the development, implementation, and evaluation of the TSP. In order to develop an appropriate TSP, the ARC will follow a series of steps as outlined in Figure 2.

Child's Name: (1)
Birthdate: Complete child identification information
School:
Date of Program Entry:

Prioritized annual goals:
(3)
Formulate annual goals based on the child's identified needs as indicated by the evaluation information and the summary of present levels of performance. Prioritize these goals in terms of parental, teacher, and child concerns and enter on this section of the form.

Summary of present levels of performance
Strengths: (2)
Formulate clear, concise summary statements of specifically what the child is able to do (strengths) and unable to do (weaknesses) at present in his/her educational performance. These statements should be based upon a careful review of all available evaluation information that would include:
Weaknesses:
Formal assessment (achievement, diagnostic, intelligence, and/or psychological tests, medical examinations, etc.)
Informal assessment (teacher's observations, checklists, informal tests, daily work, progress data, etc.)

Short term Objectives	Specific educational and/or support services	Person(s) responsible	Amount of time	Beginning & ending date	Review date
(4)	(5)	(6)	(7)	(8)	(9)

Figure 2. Tasks performed by Admissions and Release Committee in developing and writing an individualized education program: total service plan.

Continued on next page

Figure 2 continued

Develop instructional objectives for each annual goal. These objectives should: —represent the most critical needs (i.e., weaknesses) of the child in accomplishing each goal. —be specific in terms of the skills/behaviors to be learned (i.e., who/will do what/under what conditions/to what degree of success). —be comprehensive in terms of including all the related skills/behaviors that the child might reasonably be expected to accomplish at the end of the period specified (i.e., terminal behavior).	Indicate the special education and related services recommended *after* having carefully considered all of the following: —all available evaluation information —present levels of performance —goals and objectives —possible support services needed (therapy, social services, transportation, etc.) —possible program plans (itinerant, resource room, special class, etc.) —least restrictive environment —eligibility criteria for exceptional children	Indicate persons who will be responsible for delivery of services (special education teacher, regular teacher, speech therapist, etc.)	Indicate amount of time child will spend receiving each service	Indicate date when service(s) will start and date when service(s) will end (will usually be the same as the review date)	Indicate date committee will review placement of the child and revise the IEP (must be at least annually)

Objective evaluation criteria for each annual goal statement

(10)

Indicate how accomplishment of the goals will be evaluated (i.e., if the short term objectives have been stated in measurable terms that include mastery criteria, then state "Evaluation criteria will be the same as that indicated in the short-term objectives." If the short term objectives have *not* been stated in measurable terms, then the committee must indicate the specific formal and informal assessment instruments that will be used and the specific criteria by which progress in each goal and objective will be measured.)

Committee recommendations for specific procedures, techniques, materials
(include information about learning style)

(13)

State any specific recommendations and/or suggestions that might aid the implementer(s).

Continued on next page

Figure 2 continued

Description and percentage of time in regular classroom	Committee members present
(11) Describe the nature and extent (percentage) of the child's participation in the regular education program.	(14) Indicate members of the committee present at the conference and participating in the development of the IEP.
Placement recommendation:	Date(s) of meeting(s)
(12) Indicate the specific placement recommendation in terms of the type of program, area of exceptionality, and level. Also indicate any related/support services the child will receive.	Indicate date(s) of committee meeting(s).

The second level of the IEP, the IIP, is developed by each implementer designated on the TSP. It contains the following components common to instructional programing:

1. Behavioral objectives.
2. Task analysis or instructional sequence.
3. Specific evaluation criteria.
4. Instructional strategies and techniques.
5. Instructional materials and resources.
6. Timelines.

The IIP facilitates the implementation of the TSP by specifically stating how the goals and short term objectives will be accomplished. Each implementer follows the same procedures for developing an IIP as outlined in Figure 3.

Figure 4 shows the relationship of the two levels of the IEP with the TSP flowing directly into the IIP. This process allows flexibility for change as the child's needs change. As implementers are often members of the ARC it also provides the opportunity to include a third level of planning—the daily lesson plans. The implementer uses the instructional sequences specified in the IIP for more specific daily activities and strategies to facilitate daily interactions between student and teacher.

Many resources are available to the ARC for use in developing each level of the IEP. The committee members are encouraged to use those instruments that provide comprehensive assessment information and those systems and materials that identify any or all of the components of the IEP. Many teachers have been frustrated by the idea of having to task analyze each objective on the TSP. One must remember that the IEP is not a total curriculum for a student but rather a plan for meeting his or her needs. Many hierarchies of skills may be used and adopted to aid in writing the IEP. Instructional planning takes time but the end result is worth the effort.

Monitoring and Evaluating the IEP

The IIP is designed to provide a written format for specific instructional planning as a logical followup to the development of the IEP (TSP). The IIP can serve as an effective means of monitoring and as an evaluation mechanism. It can document how the IEP (TSP) is being implemented as well as whether or not it is being implemented as specified. By documenting mastery of specific instructional skills, immediate feedback is available with regard to the progress being made toward the accomplishment of annual goals and short term objectives stated in the IEP. Thus, each implementer is aware of and has information available at his or her fingertips to report on the current educational status of each student, in the event a review of the IEP is needed, as well as for the annual review.

Regardless of the specific label given or format used, Kentucky Administrative Regulations require that *explicit strategies* be written

(Complete one of these for each short term objective specified on total service plan)

Child's name
School
Date of program entry
Projected ending date
Person(s) completing form

(1)
Complete identification information

(2)
Annual Goal:
Enter annual goal statement taken directly from total service plan

(3)
Short Term Objective:
Enter short term objective taken directly from total service plan

Task analysis of objectives/instructional sequence	Criteria for mastery	Strategies and/or techniques	Materials and/or resources	Timelines/Progress Record		
				Date started	Date ended	Comments
(4)	(5)	(6)	(7)	(8)		
Specify the small, sequential tasks or steps the child will be expected to perform in order to master the complex skill described in the short term objective. The sequence should begin at the child's present level of performance and end at the level specified in the short term objective.	Specify the criterion level at which child will be expected to perform each task before proceeding to the next task.	Specify teaching strategies, techniques, methods, activities, learning environment options, etc. that will be used in accomplishing each task.	Specify materials and/or resources that will be used and/or needed for each task.	This section may be used to set timelines as to the amount of time that will be needed to accomplish each task or it may be used to maintain a record of the child's progress. If used as a progress record, the implementer should record date instruction started on each task and the date each task was accomplished and/or ended. If a task was not accomplished, enter explanation in the Comments column.		

Figure 3. Tasks for developing and writing the IEP: individual intervention plan.

and implemented to meet the needs of identified exceptional children. These strategies can most reasonably be developed and evaluated by the program implementer, using a format such as the IIP, rather than by the Admissions and Release Committee collectively. In addition, Public Law 94–142 specifies that the effectiveness of the IEP is to be monitored, evaluated, and reviewed. A well developed IIP meets these state and federal requirements.

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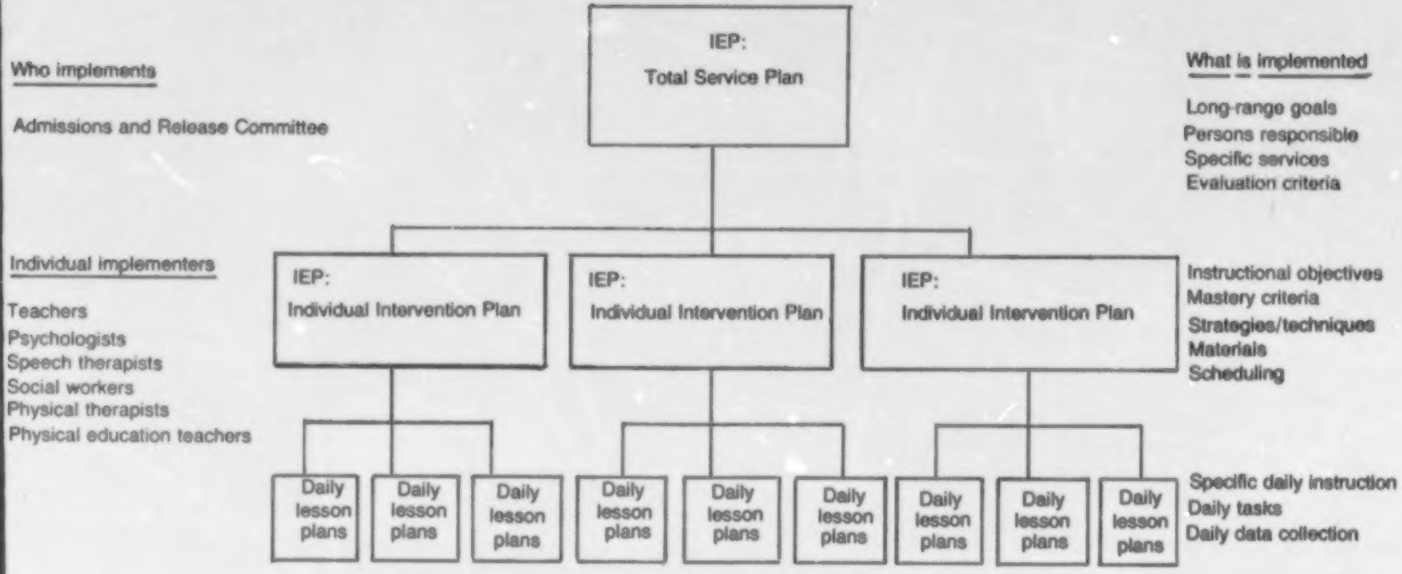
Who implements
Admissions and Release Committee
IEP:
Total Service Plan
What is implemented
Long-range goals
Persons responsible
Specific services
Evaluation criteria
Individual implementers
Teachers
Psychologists
Speech therapists
Social workers
Physical therapists
Physical education teachers
IEP:
Individual Intervention Plan
IEP:
Individual Intervention Plan
IEP:
Individual Intervention Plan
Instructional objectives
Mastery criteria
Strategies/techniques
Materials
Scheduling
Daily lesson plans
Daily lesson plans
Daily lesson plans
Daily lesson plans
Daily lesson plans
Daily lesson plans
Daily lesson plans
Daily lesson plans
Daily lesson plans
Specific daily instruction
Daily tasks
Daily data collection

Figure 4. Levels of an individualized education program.

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Kentucky's Implementation of Procedural Safeguards

LOIS ADAMS
WILLIAM GREENLEE
NATALIE PATTERSON

Kentucky, like many other states throughout the country, found itself a defendant in a suit filed by the Action Committee for Exceptional Children in September of 1973.

The suit was resolved on November 4, 1974, by the signing of a Consent Agreement, which is still in effect, and sets forth the following provisions:

1. A free public education is to be provided to all compulsory school age exceptional children in the Commonwealth.
2. The development of procedural safeguards for parents and children.
3. The assurance that children are not to be excluded on the basis of their handicapping condition from being provided an education.
4. The statutory authority for local school districts to contract with other districts or approved private organizations if they cannot provide an appropriate program locally. As a result of the Consent Agreement, the State Board of Education was mandated to promulgate regulations relative to the identification, evaluation, and placement of exceptional children. The regulations became Kentucky Administrative Regulation 707 KAR 1:050 in November of 1975. This Regulation sets forth policies and procedures for the establishment of programs for exceptional children which parallel to a great degree the mandates of Public Law 94—142, the Education for all Handicapped Children Act, also signed into law by President Gerald Ford in November of 1975.

The parallels between Public Law 94–142 and 707 KAR (Kentucky Administrative Regulation) 1:050 are in the following areas:

1. A multidisciplinary team approach to the identification, evaluation, and placement of exceptional children.
2. Protection in evaluation procedures.
3. Parental involvement at all decision making points, including the provision of a surrogate parent, if necessary.
4. The development of an individualized education program based upon the unique needs of the individual child, including at least an annual review of the IEP.
5. The provision of due process procedures for parents and children.

Although the movement toward providing a full educational opportunity for handicapped children occurred prior to the signing of Public Law 94–142, there were many requirements in the proposed regulations that required Kentucky to look at the need for further Kentucky Administrative Regulations. Specifically, the due process procedures required a separate regulation in order to delineate the procedures that must be followed to insure fair treatment for all.

The very basics of due process, which are (a) the right to be informed and (b) the right to be heard, are so simple that additional documents would not be needed if we interpreted these two points in the same way. However, since this is not the case, 707 KAR 1:060 was adopted by the State Board of Education in December of 1976 as the "Due Process Policy and Procedure Manual." In addition, 707 KAR 1:080 was adopted to delineate the appeals procedure following the due process hearing at the local level.

The Due Process Policy and Procedure Manual, 707 KAR 1:060, not only specifies the procedures and timelines that must be followed prior to the provision of services for the exceptional child, such as documentation of pertinent information, notice to parents in English and the primary language of the home, tests and procedures utilized, requests for parental consent prior to evaluation/placement, due process hearing and appeal rights, and parental rights to access to the child's records, but also delineates the specific criteria that must be met by individuals seeking to be selected as impartial hearing officers.

The Commonwealth of Kentucky has provided training to 30 individuals to serve in this capacity. These individuals were appointed by the Superintendent of Public Instruction from approximately 100 individuals who either applied or were nominated to serve in this role.

These hearing officers are located in the following geographic areas of the state: (a) North/North Central, (b) South/South Central, (c) Eastern, and (d) Western.

Assignments are made according to the location of the local school district, with careful consideration being given to whether or not the hearing officer assigned could have a personal interest in the outcome of the hearing to insure impartiality. Another check on impartiality is provided to both the parents and the local school district who may submit evidence to dispute the impartiality of the hearing officer. If this evidence is substantiated, then another hearing officer is appointed by the Bureau of Education for Exceptional Children, Kentucky Department of Education.

We feel strongly that the positive benefits to insuring that procedural safeguards are provided far outweigh any disadvantages that may be cited.

First of all, individuals who have a common concern—the child—are provided a setting in which to communicate. There is a type of accountability and self monitoring so that school systems can assess their needs and draw public attention to their strengths and weaknesses. Most important of all, however, is the fact that services can eventually be provided to children who need them by following the administrative procedures, which may, in fact, end up in a Court of Law. It is not an expeditious procedure, but it does insure that the ultimate beneficiary is the child.

To date, Kentucky has had five due process hearings. The Due Process Policy and Procedure Manual delineates procedures, but the application of these procedures has raised some concern and questions with those individuals involved in the process. The following accounts are from a hearing officer and a local school district involved in Kentucky's first due process hearing.

Special Problems of the Impartial Hearing Officer[1]

Even though Kentucky has an approved due process manual, the special problems and issues that arise during a hearing can inhibit the facilitation of determining an appropriate program for the exceptional child. Questions and answers relating to these central issues are discussed as follows:

1. *Evaluation.* What if testing is not adequate? The hearing officers must be able to separate their role from prior professional experience. The baseline criterion is to evaluate test evidence on minimal state guideline requirements. Who pays for an independent evaluation? The school pays if they cannot prove that they have met state guidelines.
2. *Transportation.* Who is responsible? The school district must pay for transportation of the exceptional child to the nearest appropriate program.

   service is related to the handicapping condition and the individualized education program. The school district assumes the cost and has the option to contract for the services.
4. *Exclusion or expulsion.* Is it legal to exclude an exceptional child of school age? Yes, but the child must be provided an appropriate educational program based on his or her strengths and weaknesses.
5. *Time violation.* What if time limits are exceeded in the due process procedure? Then the delay must be qualified as being in the best interest of the child. If not, the state department of education can reprimand those responsible.

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[1] This section was written by William E. Greenlee.

6. *Psychic cost.* How does it affect the parties? The adversarial nature of a hearing is fixed by regulatory statutes; however, behavior of the parties does not need to be adversarial. The emotional expense of the parties should be kept at a minimum. It should be understood that no one is a winner except the child.
7. *Evidence and testimony.* What is done with third party testimony? It can be entered into the record as a point of clarification, but cannot be used as evidence in making the decision. What are the criteria for entering information into the record? It must be reasonable, logical, and based on common sense. What is allowable in direct and cross examination? In direct examination the witness can give opinion and make conclusions. In cross examination the witness can be led by the representative and must answer the questions either yes or no. What is done about objections? They all must be qualified.
8. *Prehearing conferences.* What are they and why have them? They can be held prior to the hearing date in order to attempt to resolve the issue between parties. This is not a requirement of Public Law 94–142, but it is a desirable option.
9. *Stipulations.* What are they? They are agreements or deals between parties during the hearing about the child and/or evidence. They should not be accepted without clarification and evidence to substantiate them.
10. *Invalid hearing.* What constitutes an invalid hearing? If no educational issue or needs can be established, then a hearing is considered invalid.
11. *Advocate for the child.* When does the hearing officer function as an advocate for the child? Hearing officers cannot be child advocates technically since they are defined as impartial and unbiased, but it is the hearing officer's responsibility to get enough evidence on the record that an appropriate program can be determined because many times the parents cannot represent themselves adequately.
12. *Burden of proof.* Who assumes this responsibility? The school must submit evidence to support the fact that they are providing an appropriate program. If they cannot, then the hearing officer can suggest an alternative program.
13. *Making the decision.* How does the hearing officer arrive at a decision? There is a required format, but the decision is made by using deductive reasoning. The hearing officer should make a tentative decision and go back over the record to see if there is enough evidence to support it. The decision does not name the "best" program but can name an "appropriate" program based on the least restrictive learning environment concept.

Errors in Kentucky's first impartial hearing that should be avoided are (a) not enough questioning to clarify and establish evidence by the hearing officer; (b) too much psychic cost to both parties; (c) no preconferences to resolve the issue or establish ground rules; (d) administrative regulations were read verbatim by the hearing officer, which slowed the pace of the hearing; (e) recesses were needed to clue both parties on how to keep on target; (f) need for a court recorder was overlooked; (g) no time limit was set on the hearing, making it too lengthy; (h) duplication services were not readily available to copy records, and (i) the decision was excessively delayed due to difficulty in the preparation of transcripts.

Kentucky's Implementation of Procedural Safeguards[2]

This section relates the procedural safeguards as implemented by the state of Kentucky from the perspective of the local school district, the legal counsels for the local education agency and the plaintiff parents, and the plaintiff parents. An initial request for an impartial hearing was initiated on October 9, 1976, by the parents of an exceptional child. The request came during the period of time that the State Department of Education was attempting to establish compliance with Public Law 94–142 and guidelines and procedural manuals were in draft stages. Therefore, the first impartial hearing conducted in Kentucky was marked with unnecessary delays.

The request for an impartial hearing came as a result of parental disagreement when the Admission and Release Committee recommended that the child, who was currently identified as educable mentally handicapped, was now further identified as requiring the services of a program for the emotionally disturbed. The child's behavior within the classroom for the educable mentally handicapped and the regular first grade class to which the child was mainstreamed had been so extreme that it became necessary to assign an itinerant teacher of the emotionally disturbed to the youngster. It was necessary for the emotional disturbance teacher to devote 75% of her time to the child in order to maintain the child's enrollment in public school. On September 23, 1976, the Administrative Admissions and Release Committee met and recommended that the child's educational placement in either a self contained class for the emotionally disturbed or a self contained program for the educable mentally handicapped would be more appropriate. The parents did not concur. On October 9, 1976, a formal request for an impartial hearing was initiated by the parent. The timetable shown in Table 1 illustrates the time required to reach a binding decision.

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[2] This section was written by Natalie Patterson.

Several lengthy delays in the process were due to ambiguities in the procedural manual and technical problems in securing an audible transcript of the 5 hour hearing. The total process required eight months. The impact of such lengthy procedures was felt in different ways by the various parties. Psychic cost to all parties was high, although a true hostile, adversarial relationship between parents and school district was avoided. Financial cost to the school district is estimated at approximately $12,300. The cost to the parent is not known. The cost to the child as a result of being "locked into" an inappropriate program for a full school year cannot be measured.

Although procedures and policies can be explicitly set forth in Regulations, their practical application can point out the need for clarification and delineation of specific issues. As the result of this first hearing, many points in the Due Process Policy and Procedure Manual,

TABLE 1

Timetable of Steps in Due Process Procedure from Request for Hearing to Appeal Panel Decision

Date	*Procedural step*
September 23, 1976	Administrative Admissions and Release Committee meeting and placement recommendation.
October 9, 1976	Request received by superintendent for impartial hearing.
October 19, 1976	Local education agency request for hearing made to Superintendent of Public Instruction.
November 3, 1976	Local education agency advised as to the appointment of the hearing officer.
November 6, 1976	Date and place of hearing scheduled.
November 15, 1976	Hearing officer sent notice of a hearing to all parties.
December 1, 1976	Impartial hearing was held.
December 21, 1976	Written decision prepared by hearing officer.
January 3, 1977	Decision of hearing officer received by all parties.
January 4, 1977	Parents notified that local district had no objection to extending limit for appeal of hearing officer's decision (This extension granted because of difficulty of and delay in transcribing the verbatim tape recording of the 5 hour hearing.).
January 26, 1977	Transcript of hearing mailed to all parties.

Continued on next page

TABLE 1 Continued
Timetable of Steps in Due Process Procedure from Request for Hearing to Appeal Panel Decision

Date	*Procedural step*
February 10, 1977	Parent request for appeal of hearing officer's decision made.
February 24, 1977	Local district's response to parents exceptions submitted to State Superintendent of Public Instruction.
March 8, 1977	Hearing on appeal set for March 17th by Chairman of Exceptional Children Appeals Board.
March 18, 1977	All parties notified of order to reset date of appeal hearing.
April 7, 1977	Hearing held (pieces of evidence submitted to appeal panel by counsel for both parties).
May 4, 1977	Findings, conclusions of law and recommendations of appeal board received by all parties.
May 23, 1977	Administrative Admissions and Release Committee met and officially placed child in program for the emotionally disturbed.

707 KAR 1:060, have been clarified and disseminated to the trained hearing officers. In addition, the entire regulation is to be reviewed and revised as needed for presentation to the State Board of Elementary and Secondary Education by June 1978.

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North Carolina's Perspective on Individualized Education Program Training

CAROLYN COBB MYRICK

The North Carolina Division for Exceptional Children (DEC) began to conceptualize a plan for individualized education program training even before the printing of draft regulations in the *Federal Register* of December 30, 1976. A task force was formed within the DEC to outline a plan for training. Several considerations and concerns determined plans to proceed with training and to develop a certain type of training model.

Considerations in Developing the Model

Local Demand

A great deal of concern was expressed by local education agency personnel about the task at hand and the limited time they would have to complete it. The DEC realized that training for local education agencies would have to proceed almost immediately if it were to provide assistance in developing IEP's before the October 1 deadline. Schools would have to have some time to become familiar with the processs and content of the IEP. Thus, the DEC felt the need to move in this direction before definitive guidelines had been established.

Timelines

Because of the timelines and the fact that federal regulations had not been established, the DEC began to focus on broader guidelines affecting the development of IEP's or the processes through which IEP's could be developed. In-depth content issues could be addressed later. A basic structure was needed that could be adapted as regulations became finalized and other directions became apparent.

Structure of the State Department

The service structure of the State Department of Public Instruction is another factor that affects all DEC assistance to local education agencies. North Carolina is divided into eight education regions. A Regional Education Center, with state staff to serve that region, directly serves the local education agencies within each region. Exceptional children staff compose part of the personnel in each regional center.

The regional staff work most closely with the individual local education agencies within each region and have the best understanding of their needs and problems. Because the needs and mode of operation are quite different from one region to another (rural and urban, coastal and mountain, large and small, etc.), any usable training model would have to be adaptable to the various needs and procedures of each of these regions.

The state training model would not propose a mandated IEP format for all local education agencies. North Carolina has a strong orientation toward local autonomy. The DEC needed to help local education agencies understand *what* needed to be done and provide some suggested procedures to do it without specifying *how* it had to be done.

Service Delivery Model

The training model also had to be congruent with the service delivery model established by the DEC, which charts and explains suggested and required steps of referral, screening, and assessment; program development and instruction; and reevaluation of exceptional children. The DEC wanted the training model to focus on the positive aspects of the IEP mandate, not only in its purpose of better serving exceptional children, but also as it developed logically from already ongoing procedures in the local education agency. It was felt that if it could be demonstrated that the IEP has a logical place in the flow of delivery of services to exceptional children, much negative anxiety about meeting a new federal mandate might be diffused.

State Legislation

Finally, at the time this training model was being planned, legislation for exceptional children was pending in the General Assembly. The proposed legislation incorporated all the components of Public Law 94-142 and went beyond it in some areas. Not knowing if or how it would pass left another area of uncertainty that might have to be addressed later. The Bill did pass in the summer of 1977 and has since had additional impact on the delivery of services to exceptional children.

In summary, the DEC needed to develop quickly a training model that was efficient, flexible, and adaptable, and that focused on process and emphasized the positive benefits to the exceptional child.

The Model

The DEC expanded an existing contract with the College of Human Development and Learning, University of North Carolina at Charlotte, to include the development of a basic training model that could be used statewide. A workshop manual was developed that consisted of eight modules. Each module stated the goal and objectives for that session, concepts to be learned, instructions for conducting the session, and all transparencies and handouts necessary for the participants. An example is presented in Figure 1. These eight modules can be used in sequence for a 1½ day workshop, or they can be used separately and modified as the trainer chooses for a particular group. The eight modules include (a) Welcome and Orientation; (b) The Purpose of the IEP; (c) Organizational and Administrative Aspects of Developing the IEP; (d) Walk-through of a Basic IEP; (e) Simulation of the Development of an IEP: Basic Decisions; (f) Simulation: A Take Home Problem; (g) Complex Problems and Situations; and (h) Discussion on Conducting a Workshop.

A 2 day training session for all state staff (both central office and regional personnel) was held in March 1977. The regional staff

III. Organizational and Administrative Aspects of Developing the IEP

Goal: Develop an understanding of related factors which facilitate developing the IEP.

Instructions: Review direct service delivery model to illustrate how and where IEP fits into the total process. Use of overheads and attached narrative may help.

Objectives	Concepts (See Narrative)	Notes
1. Develop awareness of the direct service model and relationship to IEP	a. IEP is logical result and part of the entire process b. The procedures developed in the LEA lead to the development of the IEP c. The types and nature of information gathered in the process are important to facilitate the IEP	
2. Develop understanding of factors affecting the school-based committee	a. Composition of committee b. Interdisciplinary nature of the committee c. Manner in which team operates is important	
3. Develop awareness of factors that may facilitate the implementation of the IEP once developed	a. Including implementers in development b. Person appointed for monitoring c. IEP as management process, not product d. Flexibility in altering the IEP	

Media and Materials:

Narrative of suggested comments
Direct Service Delivery Model—overhead
Organizing to Develop the IEP—overhead
Nature of Evaluation Information—overhead

Figure 1. An example of a training module.

then began to set up their training plans for local education agencies. Although a couple of regional consultants held regionwide training sessions, most worked with individual local education agencies. Central office staff helped with the training when requested and provided training to other state agencies serving exceptional children.

Additional Training Approaches

Having met the immediate concern for training in the process of developing IEP's, the DEC turned its attention to the primary goal: implementing the IEP. Local education agencies that had already developed general curricula with sequential skills and objectives found the development and implementation of IEP's much easier than school systems that had no such curriculum structure.

The DEC held a 1 day workshop for representatives of each local education agency in order to present several different instructional systems that might facilitate implementation of IEP's. Rather than promote any particular system, the intent was to demonstrate several acceptable strategies or approaches for implementing IEP's. One copy of each of the instructional systems was ordered for each local education agency. Feedback on this workshop was quite positive.

For individual assistance in particular aspects of the IEP process (e.g., writing objectives, using assessment information, evaluating student progress, etc.), local education agencies could contact central office staff or regional consultants, as needed. Several contracted for assistance from university specialists.

Having initiated the IEP process in a somewhat systematic manner and provided additional help on an as requested basis, the DEC is now in a position to look at the first year with IEP's to determine more formally the predominant areas of concern and the need for additional assistance. Questions being considered include: What additional content skills are necessary? What points in the process are causing the most difficulty (e.g., use of information, performance as a team, making decisions, effectively involving parents)? How are IEP's being evaluated? Responses to these and other questions may help determine the primary orientation of future statewide assistance and training.

Comment

The DEC wanted initially to present the legislative demands of the IEP in the most straightforward way possible, with the emphasis on service to exceptional children rather than on imposed rules by the state and federal governments. The legal requirements were not ignored, of course, but the focus was on the spirit of the law.

The initial training model developed by consultants from the University of North Carolina at Charlotte provided the first step in pulling some order out of chaos. Additional approaches to training can now be based on this basic beginning. It appears to have been a successful approach.

One university trainer, recently moved to North Carolina, commented, "Compared to the chaotic and negative approach in the state I just left, your model is simple, well-organized, and positive." The DEC encountered much less resistance and fewer arguments about why it could not be done than had been expected. Many options were left to the local education agency. Focus on the first concern, getting the IEP's appropriately developed, opened the way to determine and pursue the next steps to facilitate the implementation of the IEP.

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The 24 Hour IEP: The IEP in a Residential School

JAMES G. WILHELM

Total programing is a goal to which residential schools for the sensorially and motorically handicapped must address themselves. Chances to develop recreational, social interactional, and daily living skills are integral components of the student's educational plan, not just fringe benefits. The IEP process has resulted in refinements of programing alternatives and the opening of new dimensions for delivering services to students in residential state supported schools.

Residential schools for the handicapped have for some time recognized that school day programing is not sufficient. It is not good enough to create only school day behaviors and academic skills. While these are important, experience has shown that it is possible to educate an individual in academic skills and still produce a nonfunctional adult. Many state operated schools such as the Wisconsin School for the Visually Handicapped (WSVH) have been addressing themselves to the needs of children beyond the three R's by providing a chance to develop recreational, social interactional, and daily living skills, all of which go beyond the traditional school day and traditional educational requirements. In many instances these programs were seen only as fringe benefits; they were not given their just recognition and emphasis as part of the student's educational program and thus were not developed to the fullest extent. At WSVH the implications of

Public Law 94-142 were quickly seen as an opportunity for the residential school to formalize and capitalize on the total programing possibilities already available.

The National Advisory Committee on the handicapped in its 1977 report to the Bureau of Education for the Handicapped (BEH) made five recommendations. The first two concern expanded funding. The last three also deal with provision of funds and leadership by BEH. However, the substance of these recommendations can be worked on by educators in the field working with children. These recommendations are to "improve parent participation in the preparation of I.E.P.'s, . . . to provide ways by which model I.E.P.'s and the rationale behind contents and emphases can be made available to interested school districts and teacher training institutions" and that BEH "monitor school performance and physical education and recreation" and "issue annual reports indicating the degree to which physical education and recreation are reflected in individual education programs."

Physical Education, Recreation, and Leisure

In reading the section of the advisory committee's report dealing specifically with the IEP and physical education, recreation, and leisure, one finds a much stronger statement: "No I.E.P. can be considered complete unless it takes into consideration the handicapped child's special need for training and guidance in physical education, recreation and the constructive use of leisure time." For many youngsters, training in how to use leisure time can be thought of as a type of career education, since many of the more severely handicapped will be underemployed or unemployed due to the nature of their handicaps, the job market, and social discrimination. Many handicaps seem to have an autosegregation quality to them. Mental retardation, blindness, deafness, crippling conditions, and other handicaps result in a social segregation that goes much further than the school day. The importance of academic education has been realized; now it is necessary to realize that all of the school day mainstreaming in the world, for academic concerns, will not help unless a concerted effort is made to counteract this automatic segregation component of our society. The mainstreaming and least restrictive environment concepts assume that if one "is physically placed within a group that automatically the individual is part of that group. In actuality communication and psychological relatedness are essential for integration or lack of restriction in the environment" (Brill, 1977). If an individual is at a table in the lunch room or on the playground and no one communicates with him or includes him in their play, that individual is in effect isolated. For many children least restricted placement becomes an isolation cell without walls, without friends, without social contacts, without skills to develop social contacts, without recreational abilities, and without facilities to develop those recreation abilities. Education for the more severely handicapped is only doing part of its job, albeit an important part, by focusing on reading, writing, and arithmetic. The other two-thirds of the day all too often become isolation, dependency, and emotional and mental decay.

The right to a free appropriate education needs to include the right to participate in athletics; the right to be accepted by peers; the right to learn how to play; the right to learn how to cook, sew, and maintain a household; the right to the development of a sexual identity, that is, to be considered as a sexual being; the right to camaraderie; the right to participate in band and chorus; the right to learn to swim—all of which could be summed up as the right to be normal along with the right to the three R's. In response to all these rights, the staff at WSVH have been developing what is called the "24 hour IEP." The content of the IEP is dependent on a wide range of individual student needs and frequently extends well beyond the school day. The IEP may range from getting up on time in the morning, to guitar lessons, to sleeping patterns; from sociology to socialization; from reading to recreation; from arithmetic to athletics; from poetry to poise; from biology to basketball; from chemistry to chorus; from science to sexuality; from writing to wrestling; from braille to bowling, woodworking, metal working, weaving, toilet training, and other living skills.

The process of needs identification and subsequent individualized education planning led to the realization that larger numbers of students than previously thought were deficient in areas such as study habits, cooperative play skills, socializing skills, recreational interests, physical strength, good eating habits, and vocationally relevant skills such as fine and gross motor coordination and knowledge of the world of work. Others were in need of accelerated programs and competition with sighted peers. Still others were seen as having met the goals of residential placement and ready to return to their local schools. Realization of these needs precipitated changes and additions to the overall program. New terms were coined such as structured study hall, cooperative play period, structured recess, group socialization, mannerism group, and losers are winners (diet club). New classes were added in vocational orientation including vocational evaluation. Advanced biology and chemistry and other enrichment programs for academically talented students were initiated, as well as a cooperative program with local public schools to include blind students in regular classes with sighted peers.

A Model for Parent Participation

The IEP process provides a vehicle for formalization of programs in existence and for greater inclusion of the parents in the child's program. The latter point has been a negative factor in residential school placements. Much can be done and is being done to ensure that parents do not feel that they are relinquishing their control or their responsibilities to their children because of a residential placement decision. Improvement of parent participation as recommended to BEH requires that each school make a concerted effort to educate parents with regard to their responsibilities to their child's program as well as developing open channels of two way communication.

The IEP is a parent-school agreement that can be used to influence the frequency of parental visits to school, not only to talk about IEP's and other school related concerns but also to influence parental attendance at athletic and other events. The IEP may be used to influence the amount of follow through instruction and to provide practical opportunities to use the skills learned at school during weekends and on holidays at home. The IEP is an educational agreement that should ensure that children can and do move in both directions—back to local school districts as well as to a more "restrictive placement"—and that skills learned in the restrictive setting will be maintained and used in the less restrictive setting.

Ensuring active parent participation in IEP development requires that an extensive system of "awareness raising" be employed. At WSVH this system began with a standardized message that was read to the parents at the time of the quarterly report, either in person or over the telephone by the case manager. This was followed by a letter explaining the law, due process, the structure of the conference, and a possible conference format (e.g., in person or by conference telephone call) and suggesting a date and time. A tear sheet to be returned to the school indicated the parent's wishes, including alternate dates and times. The following month a letter confirming the conference time and format was mailed to the parents. Parents who had not responded were telephoned, and letters of confirmation were sent. In several instances it was necessary to schedule IEP conferences in the evening so as to include both parents. Before the scheduled date of the conference, parents were mailed a list of needs or goal areas that the school staff felt should be considered for inclusion in the IEP. These needs were developed from the present level of performance statements presented by teachers, specialists, child care counselors, and recreation staff at a pre-IEP conference staffing. Parents' additions to the needs list were solicited.

A followup survey of parents' feelings regarding the IEP conference indicated that this awareness raising was largely successful in developing positive feelings and reducing confusion regarding the intent of the provisions of Public Law 94-142. The survey suggested that greater awareness needs to be developed in order to counteract a tendency for parents to accept everything without question. It is easy for school personnel to overwhelm parents with the preponderance of data and jargon.

The parent survey was composed of feeling statements (Figure 1), which were rated according to a weighted scale using the descriptors (1) "very much describes you or your feelings," (2) "somewhat describes you or your feelings," or (3) "does not describe you or your feelings." Parents were also asked to group themselves according to their distance from school and their conference format, that is, in person or by conference telephone call.

All parents received the survey, and approximately 50% of the surveys were completed and returned. Responses to the parent survey statement in all cases tended toward favorable

The approximate distance from your home to the Wisconsin School for the Visually Handicapped is:

_____ 0-30 miles
_____ 30-50 miles
_____ 100-200 miles
_____ 200 or more miles

I participated in my child's IEP conference:

_____ In person
_____ By telephone
_____ Waived participation

Please rate the statements below on a scale of 1 to 3. A number 1 rating means that the statement very much describes you or your feelings. A 2 rating means that the statement somewhat describes you or your feelings. A 3 rating means that the statement does not describe you or your feelings.

During the conference I:

a. _____ felt uncomfortable.
b. _____ was confused.
c. _____ tended to accept everything without question.
d. _____ frequently asked questions.
e. _____ was an active participant and felt free to express myself.
f. _____ understood the IEP process as it relates to my child.
g. _____ ended the conference with a good feeling.
h. _____ felt that the conference was helpful to me as a parent.
i. _____ found the conference helpful in understanding my child's program.
j. _____ felt that the conference was a waste of time.
k. _____ felt that the conference lived up to my expectations.

Please feel free to add your personal comments.

____

____

____

____

Figure 1. IEP parent survey form.

replies, that is, 2.0 or higher mean scores on the scale of 1 to 3. Only statement c ("During the conference I tended to accept everything without question.") was statistically significant when an analysis of variance was performed using the method of communication (telephone versus in person) as the independent variable. Parents participating in the IEP conference in person rated themselves as being less likely to "accept everything without question" than those using the conference telephone call as the method of participation. All statements were rated at the most positive level by at least 50% of the total parent group responding. This suggests that the majority of parents were generally satisfied with the IEP conferences. The survey also suggests that the conference phone call, while seen as the less desirable format by school staff, is a viable option for parent participation. Precautions must be taken in preparation for the meeting, and the people involved need to be aware of the mechanical difficulties of the conference telephone system.

Written comments that accompanied the parent survey were generally very positive toward the IEP conference, and many offered constructive suggestions on improving the phone conference format. Only one comment was interpreted as expressing negative feelings. Comments received included the following: "I feel this positive approach will help our daughter develop to her fullest potential—Keep up the good work." "I certainly endorse this parent teacher conference." "The school and parent relationship has much improved." "Understanding what our child is doing in school helps the separation of our child." "I feel the conference was very worthwhile and look forward to seeing what will be accomplished as a result of the conference." Comments such as these reinforce the data and provide the incentive and reinforcement to teachers and others to expand and improve the IEP process for the coming year.

Model Program Information Dissemination

Many residential schools have been leading the way in developing comprehensive IEP's and are or quickly will be in a position to share their processes, procedures, forms, and inservice programing, as well as their mistakes, trials, and tribulations, with other schools and school districts. Many schools are offering to share their staff members who have expertise in low incidence handicaps with local districts to facilitate meaningful evaluation of handicapped children. Many schools are providing other outreach services such as preschool parental and school district consultation and the production of instructional materials. The outreach services provided by these residential schools would seem to be a logical vehicle for development and dissemination of model programing and models for parent involvement. This sharing of programing and services could provide a whole new range of programing options to local school districts.

The timeline provisions of the IEP offer a heretofore under-considered option to local school districts: short term intensive training and evaluation placements at residential schools with specific goals and objectives identified. The accomplishment of these goals would signal a reintegration into the local school's program at whatever level is deemed appropriate. These short term training placements with a 24 hour IEP can provide an intensive learning experience that cannot be duplicated in most local school settings. At different times in a student's education they may be used as an habilitation placement where the student can develop living, leisure, vocational, recreational, and other special skills while enhancing the academic program and, where appropriate, continuing progress toward high school graduation.

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Development of IEP's in Private Schools for the Handicapped

HARRIET W. BESSEL

Due to the impact of Public Law 94-142, private educational facilities are in a new and possibly unique position when providing direct services to handicapped children. Of the many issues that this legislation addresses, one of particular concern and interest is the role of the private school in developing appropriate educational programs as part of the continuum of services available to the handicapped. For the private school this issue may be divided into the following separate but interrelated categories: (a) What Public Law 94-142 and its HEW regulations mandate concerning the use of private special education programs at public expense; and (b) The distinctive problems that arise as private schools incorporate the realities of IEP's into their daily teaching activities.

This paper will investigate the actions The Maryland School for the Blind (MSB) has taken to appropriately meet the demands of Public Law 94-142.

The Program

In order to understand the steps developed at MSB to insure a successful approach to IEP's, an overview of the school is necessary.

The Maryland School for the Blind is a private, state aided school, incorporated in 1853 to provide tuition free educational opportunities for children who are visually impaired or visually impaired and multihandicapped. Today the school serves approximately 300 residential and day students, making it the largest private school for the handicapped in the state of Maryland. A wide variety of programs is offered in 3 educational units to children between 3 and 21 years of age who range in ability from profound mental retardation to those who are intellectually gifted.

Students are accepted from any of the 24 local education agencies (LEA's) in Maryland and, on a tuition basis, from out of state. This fact alone gives rise to a number of procedural difficulties when attempting to manage a variety of state and local requirements during the planning for individualized education programs.

The mandate of Public Law 94-142 clearly indicates that the responsibility for the writing of the IEP, the format used, and the scheduling for the IEP conference rests entirely with the LEA. Where the LEA educates its handicapped students within its own schools this provision makes considerable sense. However, in the case of private schools, especially those serving out of state students, this raises some serious questions. The LEA simply may not be in a position to know the needs of the particular student well enough to write detailed educational objectives. This is especially true when the child has been removed from direct LEA services because the private school is a great distance from the local community and has served the student for a number of years. In addition, MSB has found that since the visually impaired and blind are a low incidence population, LEA's are often not prepared to handle in-depth assessments and the appropriate development of individualized programing.

Clearly a new working relationship was necessary between MSB and all the LEA's it served so that all students at the school would receive the most appropriate individualized education program.

Questions

From the outset The Maryland School for the Blind concerned itself with the interrelationship of the components necessary to the development of a workable IEP process at a private educational facility. Various questions presented themselves that demanded not only attention but specific answers. These included the following:

1. What did Public Law 94-142 state, although not always stipulating alternatives, concerning private schools and IEP's?
2. How would MSB attempt to meet IEP requirements being developed at both the LEA and state education agency (SEA) level?
3. How could the greatest cooperation and communication in the IEP process be developed with the LEA, the parents, and all the MSB staff?
4. What would be the best means of coordinating all MSBs' instructional, recreational, dormitory, and therapeutic support service staff?
5. Which type of reporting format should be developed so that appropriate accountability to parents, LEA's, and in-house record keeping could be accomplished?
6. How could MSB develop necessary preservice and inservice training for all school staff so that immediate implementation of the IEP concept could take place?

Development of the MSB Model

In order to solve the above problems and provide workable solutions, a timetable was developed by MSB. It was based on the premise that all IEP total service plan (TSP) conferences would be held at The Maryland School for the Blind with the approval and at the convenience of the parents and the LEA's. This would allow not only for the best use of MSB time and resources in conference scheduling, but also allow for better parent and LEA representative contact with ongoing programs at the school. The responsibilities of those persons involved in MSB's plan follow:

MSB Administration

1. The author enrolls in a college course interpreting the legal intricacies of Public Law 94-142.
2. One of the 3 MSB educational units develops a trial staffing system to review programs of all enrolled students.
3. A timetable for all upcoming IEP events is developed for 1977-1978 school year.

4. A meeting is set with SEA representatives to outline the MSB IEP timetable.
5. Contact is made with all Maryland LEA's to outline the MSB IEP proposal.
6. MSB contracts with the National Association of State Directors of Special Education (NASDSE) to develop a preservice training program for staff.
7. Staff is selected at MSB to develop MSB's own inservice training program to continue after the completion of the NASDSE program.
8. An MSB IEP report format is written and sent to the printer in order to have one format rather than the possibility of different formats from each LEA.
9. All parents or guardians are sent information regarding the school's plans for IEP's.
10. MSB requests inservice training credit from the SEA for all MSB participants.
11. All total service plan conferences are scheduled for parents and LEA's at MSB.
12. Annual reviews of IEP's are scheduled by MSB.

SEA

1. Approves overall MSB IEP timetable.
2. Approves inservice training credit for participants in MSB's IEP inservice training.

LEA's

1. Agree to work in cooperation with MSB IEP plan.
2. Attend total service plan conferences for their students at MSB.
3. Approve and sign MSB's total service plans.

Consultants

1. NASDSE agrees to present 2 day IEP preservice training.
2. Selected MSB staff develops and presents 8 week continuing IEP inservice program.

MSB Staff

1. Participates in NASDSE preservice training.
2. Participates in MSB IEP inservice training.
3. Develops total service plan annual goals for each student based on assessment data.
4. Writes individualized instructional plans (IIP's) for each student's daily instruction.
5. Assesses overall IEP for annual review.

Parents

1. Receive information regarding IEP's and invitation to attend total service plan conference at MSB.
2. Decide whether or not to attend conference at MSB.
3. Cooperate in the development of annual goals for their child.
4. Approve and sign MSB total service plan.

Students

1. When appropriate, participate in total service plan conference.

Conclusions

Although The Maryland School for the Blind has developed an IEP model that has currently answered all original questions, new ones arise as the system progresses. Not only will each student require an annual review to ascertain whether his or her IEP was appropriate, but our entire IEP process will also need an annual review. A few problems that have already developed include:

1. How can we complete total service plans earlier in the school year? With 300 conferences dependent upon both parents and LEA's agreeing on suitable dates, our scheduling had been delayed.
2. Administrative time in total service plan conferences alone has been overwhelming. This has limited the time for equally important daily program development and evaluation.
3. Task analysis for individualized instructional plans had to be dropped. As originally planned, the amount of paperwork for teachers would have been too great. MSB has therefore returned to a more simple statement of educational objectives.

The MSB staff hopes to find ways to answer these questions and to streamline our system, as it is always possible for case management procedures this large to have unwieldy and unnecessary steps. Sample MSB IEP formats are shown in Figures 1-4.

HARRIET W. BESSEL *is Coordinator, Multiple Handicapped Unit, The Maryland School for the Blind, Baltimore, Maryland.*

DOB ______

Enrollment Date ______

County of Residence ______

Percent Time in Public School Placement ______ %

THE MARYLAND SCHOOL FOR THE BLIND
3501 Taylor Avenue
Baltimore, Maryland 21236

Placement - Unit ______

Dept ______

Class ______

Day/Residential ______

PROGRAM PLAN DEVELOPERS	Name	Date	Reviews/Staffings
Principal/Coordinator			
Teacher			
L.E.A.			
Parent/Guardian			
Student			

Services:	✓	Service Indicated (Name)	Hrs./Wk	Evaluation Requested	Evaluation Completed	Service Initiated	Service Terminated
Teacher (Primary)							
Teacher (Subj. Area)							
Physical Education							
Orient. & Mobility							
Music							
Skills/Home Economics							
Ind. Arts/Voc. Ed.							
Handwork							
Physical Therapy							
Occupational Therapy							
Psychology							
Social Work							
Speech							
Audiology							
Guidance							
Vocational Rehabilitation							
Recreation							
Cottage Family Life							
Transportation							
Medical							
(Others)							

Notes:

WE HEREBY ACKNOWLEDGE THAT THIS INDIVIDUALIZED EDUCATION PROGRAM WAS DEVELOPED AND DISCUSSED WITH ALL OF THE **PROGRAM PLANNERS** NAMED ABOVE AND ALL AGREE TO THE STATEMENTS MADE HEREIN. WE ALSO RECOGNIZE THAT THIS DOCUMENT IS NOT A BINDING CONTRACT ON THE PART OF THE MARYLAND SCHOOL FOR THE BLIND AND/OR ANY OF THE INDIVIDUALS NAMED HEREIN.

Principal/Coord. ______ Parent/Guardian ______ L. E. A. Representative ______

Figure 1. Total service plan form.

NAME ______________________________
Last First

INDIVIDUAL EDUCATIONAL PROGRAM
(Total Service Plan)

Present Levels of Performance - (Test Information and/or Observational Data)

Strengths	Needs

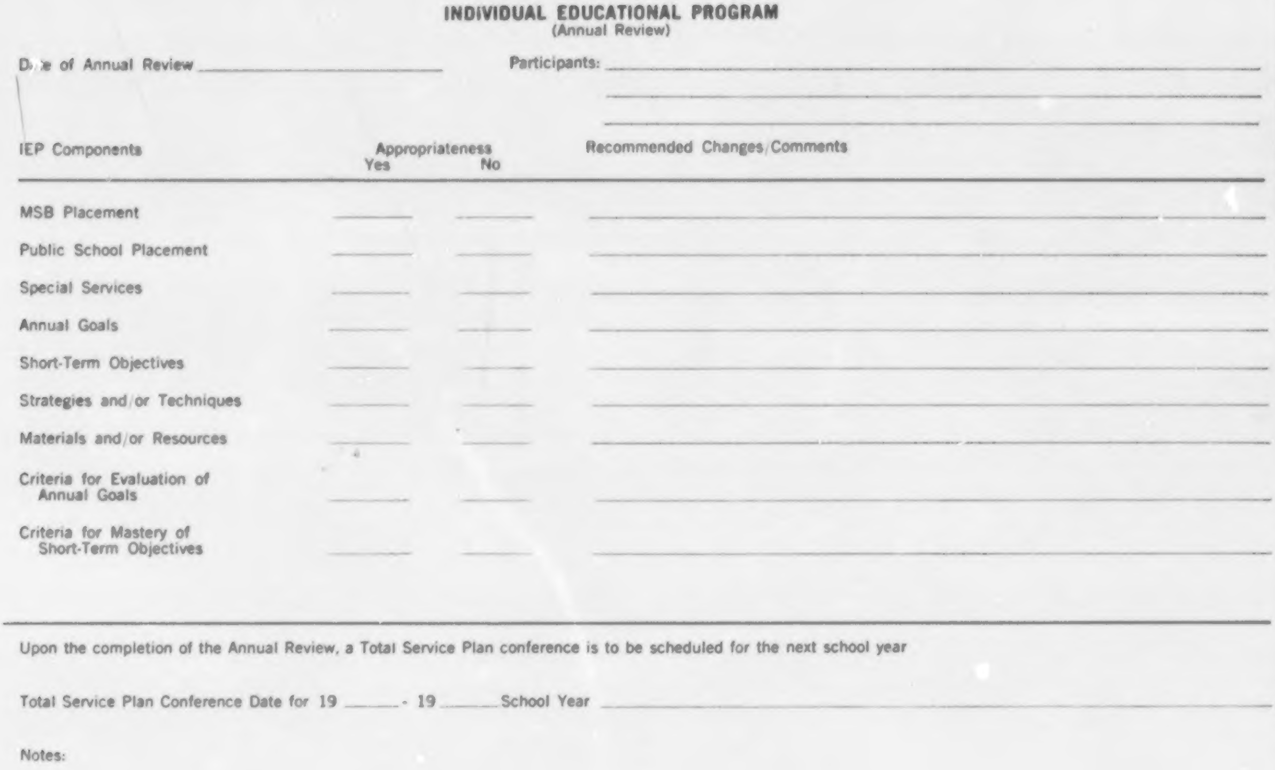
Figure 2. Total service plan form.

Continued on next page

Figure 2 continued

ANNUAL GOALS (Attach IIP Forms for each goal stated)

CRITERIA FOR EVALUATION OF ANNUAL GOALS



INDIVIDUAL EDUCATIONAL PROGRAM
(Annual Review)

Date of Annual Review ______________________

Participants: ______________________

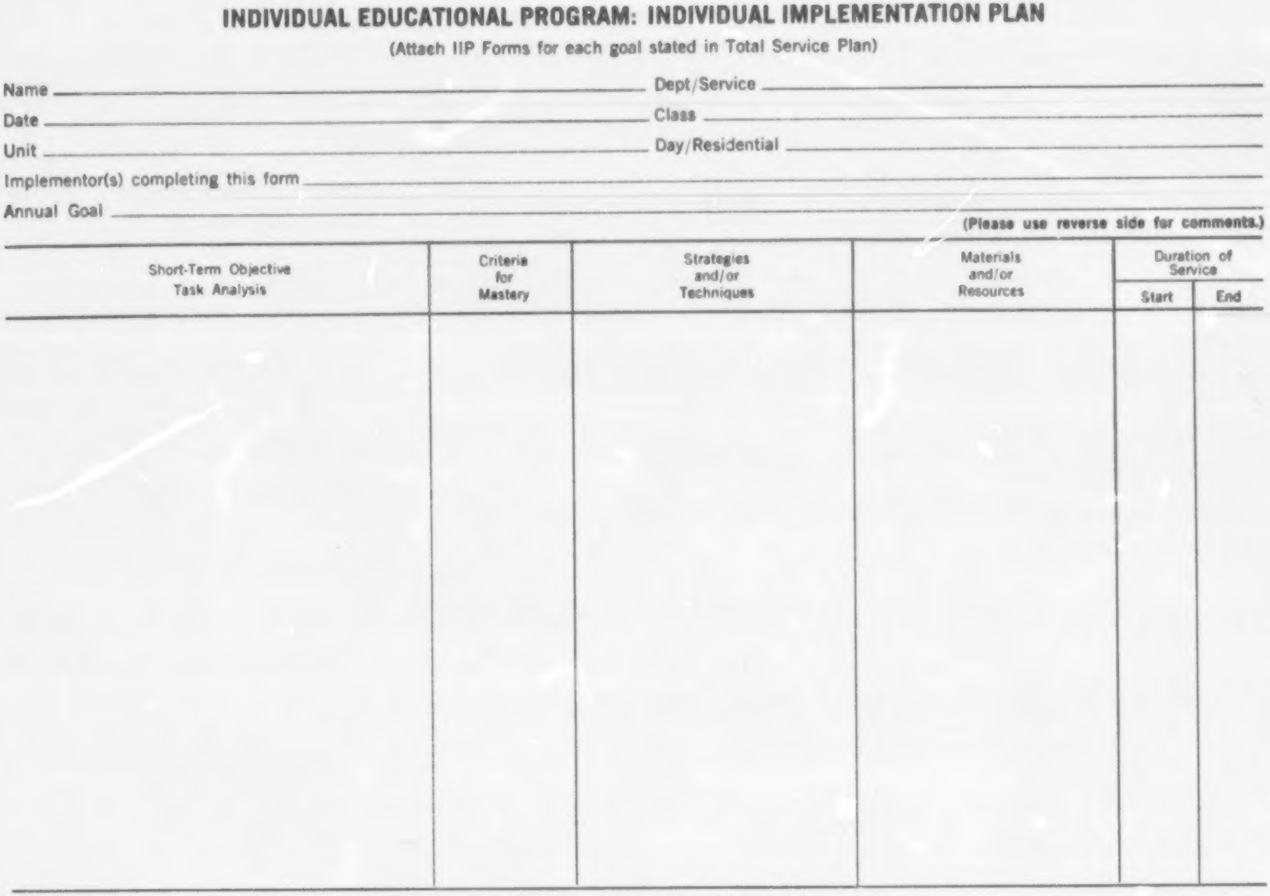
IEP Components	Appropriateness Yes	Appropriateness No	Recommended Changes/Comments
MSB Placement	______	______	______________________
Public School Placement	______	______	______________________
Special Services	______	______	______________________
Annual Goals	______	______	______________________
Short-Term Objectives	______	______	______________________
Strategies and/or Techniques	______	______	______________________
Materials and/or Resources	______	______	______________________
Criteria for Evaluation of Annual Goals	______	______	______________________
Criteria for Mastery of Short-Term Objectives	______	______	______________________

Upon the completion of the Annual Review, a Total Service Plan conference is to be scheduled for the next school year

Total Service Plan Conference Date for 19 ____ - 19 ____ School Year ______________________

Notes:

Figure 3. Annual review form.



INDIVIDUAL EDUCATIONAL PROGRAM: INDIVIDUAL IMPLEMENTATION PLAN

(Attach IIP Forms for each goal stated in Total Service Plan)

Name ______________________ Dept/Service ______________________

Date ______________________ Class ______________________

Unit ______________________ Day/Residential ______________________

Implementor(s) completing this form ______________________

Annual Goal ______________________

(Please use reverse side for comments.)

Short-Term Objective Task Analysis	Criteria for Mastery	Strategies and/or Techniques	Materials and/or Resources	Duration of Service	
				Start	End

Figure 4. Individual implementation form.

Preparing the IEP for Severely Disturbed Children in an Integrated Setting

PETER KNOBLOCK

There are 15 handicapped children at our community school, Jowonio: The Learning Place, in Syracuse, New York. (Jowonio in Onondaga Indian language means "to set free.") And as I told another conference participant, never again will I complain about the 15 IEP's that we had to struggle through, after hearing at this conference about the 65,000 that they have in Los Angeles.

At our school we use the idea of the family group. This concept is borrowed from the British primary schools. We have five family groups, and, in any one classroom, there is an age range of three years. The groups are crossed both chronologically and in terms of youngsters' developmental needs. We have 3 handicapped children integrated into every group of 10 youngsters. We have learned that the mere fact that a student has not been labeled does not mean that pupil has no problems. Some of our nonhandicapped children have such high need levels that we are writing individualized education programs for them too.

With this process, the question arises as to the point at which parents should be alerted. It is a dilemma: we are concerned about the labeling process and do not want to create more labels; but on the other hand, we do want to respond as specifically as possible to any youngsters with special needs.

Parents in the Learning Process

A message we all should be getting by now is that parents really need to be partners in the learning process. Many parents are quite skilled and educators ought to rely on some of those skills. In one New York district, a parent sued the district to get a program for the child. Eventually, under court order, the district did maintain the child in a classroom, but merely placed that child in the back of the room with an aide. That particular aide was totally unhelpful. Because the school system was not willing to, the parent, who had worked with the child extensively over a number of years, actually developed an IEP. I took a look at that IEP, and it was right on target. The mother had completely schooled herself in what her child needed. The school district unfortunately responded by saying this is something we cannot do, and was not even willing to negotiate about it.

Involving Other Adults

Not only parents are involved at Jowonio. We believe that it is also important in an integrated school for the children to know different kinds of adults, in addition to different kinds of youngsters. Each family group has a lead teacher. One of our lead teachers is in a wheelchair part time and uses her crutches the other part of the time. She is a remarkable woman and has added a dimension to the school that no amount of reading to children about handicapped persons could ever accomplish.

We also have a foster grandmother who is deaf, and in order to communicate with her we use sign language. The youngsters have learned to sign too. All over the school, including at the front door, there are notices that indicate that this is a school in which you sign. If an integrated setting is wanted and there is a real belief in diversity, then it seems to us that a range of people as well as a range of content is necessary.

Programing and Designing Activities

In an integrated setting, many things are different about an IEP. For one thing, nonhandicapped children are present so that whatever is done for a particular handicapped or exceptional child must be done in the context of regular education. Programing for one child cannot be done in total isolation from the rest of the children. We at Jowonio did not want our children bused separately, and fought long and hard to insure they would not be. Our lunch periods too are fully integrated. In an integrated setting, there are nonhandicapped children, and programing must be done on the basis of that.

In addition, activities must be designed to include a range of children. Separate activities cannot be for handicapped children alone and nonhandicapped children alone. There are many things they can do together. There are activities that can be no-fail experiences; there are many activities appropriate for all youngsters. There are materials with varying degrees of complexity that can be used for a range of children.

Scheduling

Another thing that is different about an IEP in an integrated setting is having a schedule that includes high intrusion time for handicapped children and group time with all the other children. We started out in the first year by doing practically everything together and, in doing this, found we were not always able to program as specifically as we wanted to for some of the handicapped children. So now we have a schedule that shifts back and forth between specific individual or small group time and large group time.

Daily Learning Plan

We find the IEP to be relatively easy. What we are finding complex is the daily learning plan. Unfortunately, many of us have seen some school districts that are grinding out the long term goals and short term objectives. If these goals and objectives were spread on a table, they would look remarkably similar. We believe that the use of a learning plan is the way to determine whether or not we can carry out and design an actual program for a child. By having a learning plan, we are finding that we can update the IEP. For example, we do a developmental therapy check list every eight weeks (Wood, 1975).

Communication Among Adults

The IEP's foster communication between a wide range of adults. It is not enough to have our classroom teachers spend time with our children. We are concerned that they could burn themselves out. So, we use a variety of resource people. We have a total communication teacher, movement people, art people, and people who help us sing. We have people who help in lots of different ways. That means there are more adults focusing on a child. With the IEP, there is a common vocabulary—something to which everybody can respond.

Sources of Feedback

In an integrated setting, teachers can get feedback from a variety of sources. As you know, when you work with more severely involved youngsters, you do not always see the progress that you would like. In an integrated setting, because you have such a wide range of children there, you get feedback about yourself. Sometimes as teachers we do not believe that we have an impact on children, college students, or our colleagues, and we just never get any feedback.

We have many good examples at the school of children modeling teacher behavior. Let me just give one. James, up until this year, took to changes in his environment with great alarm. He needed a lot of predictability, and, even in a small school, there are frequent changes. Teachers get sick, the schedule changes; we just don't know what is going to happen. On this particular day James was going home on the bus. When the bus arrived at James' house, no babysitter was there to greet James. So 5 year old Amy got off the bus with James and stood there. It was all perfectly obvious to Amy and the bus driver. Amy turned to James, took his hand, looked him right in the eye, and said to him, "James, today's going to be a little different," which is really exactly what the teacher had been saying to James day after day after day for years. Then Amy explained the difference. "Your babysitter isn't here, but we're going to go to my house and have milk and cookies and wait for your babysitter, and everything's going to be okay." He took her hand and they walked two doors down to Amy's house and they had milk and cookies. When we told the teacher that, she was tremendously pleased. If you have a range of models available, then your chances of getting some feedback about what you're doing are very good.

Developmental Therapy

Hand us an IEP or a learning plan and developmental therapy and integrated settings will all work on each other. For one thing we think staff using a developmental approach in an integrated setting can keep their expectations higher. After all, our teachers really are teachers in the traditional sense of the word. In our field we went through this period of time when people kept raising the questions about whether we were teachers or therapists.

It seems like that is the kind of issue that will never get resolved nor should it be because in many ways teachers are clinicians and/or diagnosticians. Teachers should be using a social science and behavioral science point of view. Teachers can get a chance in an integrated setting to do some of those teacher things that they have always wanted to do. Nothing excites some teachers more than being able to teach phonics to youngsters who learn by the phonetic method. There are more exciting examples too that I could use. But teachers want to teach math; they want to see some progress. They want some youngsters to learn sets. And at the same time they are also interested in getting down on the floor and tickling, hugging, and tossing a youngster in the air.

Our teachers are made up of different parts just as all of us are. So, in an integrated setting, a teacher might have a chance to act out all of those parts. We have reading and math groups just like everybody else. Some of our handicapped pupils can be part of a very early reading group. And they can do some things that are much more specific to severely impaired youngsters.

Having an integrated setting allows for more experimental movement of children into and out of groups based on the child's progress because we have a range of development at the school. We have nonhandicapped children who are at precisely the same level that some of our special education children are. We have older handicapped children who are at the level of our younger nonhandicapped students. We can set up more groups and have more options so that as youngsters change, we can move them in between groups and skill levels.

Using Children as Models

We think that a tremendous advantage of an integrated setting is being able to use normal children as models. Some of the youngsters we have are desperately in need of a language stimulation environment. We have some youngsters who are just beginning to communicate. We are concerned about special environments in which all of the youngsters are at the same level of noncommunication. In our setting people are always talking, but it is for social purposes and they are using communication to have their needs met. I think when some of our special children begin to tune into that, it can foster their own communication.

Normal children as models can be used in a variety of activities. There are children at stage one, which is part of the first stage of developmental therapy, where the main focus is a sensorimotor orientation. We have cleared one of our rooms and all we have in that room are mattresses, mats, and people. The purpose of the activity is for the children to focus on their bodies and other people in the room. We have integrated them with normal children who could also profit from sensorimotor stimulation. Some of our handicapped children are reluctant to jump off the floor, but if they see other children jumping off the floor, well, couldn't that help? We suspect it does.

We have a play group, and we are teaching our children to play. You think about one of the skills that handicapped children do not have, and, if you want to integrate them into the world with other children, what is it that all children do? They play. So play is part of our curriculum—a very major part. We have some play groups set up but we also work within the context of family groups, where youngsters learn play skills. We have integrated those groups so that there is one handicapped child and one normal child and they can work as a pair. For example, we had a unit on cars and trucks. A lot of our special children do not use objects appropriately. So we paired, for example, James with George. George rolls the truck because he has been doing that since he was 12 months old. And sometimes the pull of what other children can do is higher than what an adult can do. So we are setting up our typical children as models in that kind of situation.

Summary

What are some of the problems that we face in an integrated setting? One thing is planning time. If integration is to occur, all the aspects mentioned in this paper must be considered. All children must be planned for and time together for special children and typical children must also be planned. That takes time. The staff must have some planning time together and that is hard to find. We get away with it because we are a community school and we are on our own. We work every day until 5:00 or 5:30. But other teachers do, too. They just work at home.

Reference

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EPILOGUE

The Organic Unity of the IEP

EDWARD W. MILNER

As everyone knows, the IEP is the individualized education program required under Section 614(a)(5) of Public Law 94-142. *Organic unity* is a somewhat older term dating back at least to the *Poetics* of Aristotle. What has the *Poetics* to do with the education of handicapped individuals? What bearing may a term from literary criticism have on a free appropriate public education for all children?

Just as a primer gives the fundamentals, a poetics goes into interpretation. A primer will tell us how to read words and sentences and paragraphs in *Oedipus* or in *Hamlet* or in *Hedda Gabler;* a poetics will help us find the Greek or tragic dimension in *Oedipus*, the Judeo-Christian or redemptive dimension in *Hamlet*, and the pathetic or modern dimension in *Hedda Gabler*. A primer tries to avoid debate; a poetics encourages it. Of ten critics applying their poetics, three might argue that *Hamlet* is Greek; three might argue that it is Judeo-Christian; three might argue that it is Modern; and one might argue that it has no world view at all. Some might argue that Hamlet's inaction is unconvincing; others that it is his tragic flaw; and still others that his action in the last scene is too little, too late. The point is that given the world view assumed by the critic, *Hamlet's* organic unity is or is not to be found. (For a typology using Greek, Judeo-Christian, and Modern models, see Milner, 1976, 1978.)

A primer on the IEP already exists (Torres, 1977). The purpose of this chapter is to suggest a poetics of the IEP by dramatizing three IEP's whose organic unity is given them by the world view of technology, the world view of humanism, and the world view of cultural pluralism (see Morris & Pai, 1976).

A Technological Model

Our first teacher is Lawrence Fundamental. For him, Public Law 94-142 is as real as the Bible. He believes that one can know the law, or anything else, objectively and impersonally, at arm's length. (Polyani, 1958, p. 142, claims that it is "a misguided intellectual passion that . . . seeks for absolutely impersonal knowledge.") He sees the IEP as a control mechanism with which the failure to comply will stop funds from reaching his state and his own school as well. He understands that the state is working on a plan, testing is being developed, and evaluation of a public and measurable nature is demanded by the law. What is the truth of the matter? Well, for Lawrence, the truth is something factual, something quantifiable. (According to Habermas, 1968, p. 69, "This naive idea that knowledge describes reality . . . is accompanied by the copy theory of truth.") Never mind all the theorizing, he would say, let's just get to the truth. The truth was that Sammy, for whom he was drawing up some goals, could not speak. Lawrence felt that the goal for Sammy was getting Sammy to talk. With his behavior modification program, he could create in Sammy the linguistic behavior of uttering a few words.

Lawrence did not fool himself into thinking that this would be Sammy's salvation, but he could see the value of priming the pump. Using modeling and reinforcement, this objective could be trained into Sammy. The problem, as always, would be in the parents' compliance with his management program. When they joined him and the director of the center, perhaps they could be persuaded to see how important it was to control Sammy's behavior.

A Humanistic Model

The second teacher is Gertrude Ristocrat. Gertrude feels that the law, Public Law 94-142, is not just something out there but that it is something within, something that has to be interpreted personally and uniquely. Obviously, she said to herself, there is more than one interpretation of the Bill of Rights or of the Constitution or of the Declaration of Independence. Where does one begin? With the whole law preunderstood from within, her appropriate response, then, was not just a mechanical reaction to the demands of Public Law 94-142, but rather the response of a citizen who reflects on the law and allows herself to become a part of the action (Habermas, 1968, p. 171). She felt that the IEP could become a real tool for understanding, and she could "dwell" in the law just as it could dwell within her (Polyani, 1958, p. 59).

Gertrude looked forward to the meeting with Jane's parents to discuss Jane's spending part of her day in a regular classroom. She wanted to have Jane at the meeting also. Gertrude's school was an open school, but her room for emotionally handicapped children was self contained, with occasional mainstreaming. Since Jane was the main actor in the drama, it was important that she be at the meeting. The same was true of Mrs. Fitch, into whose class Jane might be going. In fact, Gertrude looked forward to the meeting as a time of creativity and discovery, not just a time for set and dried formulas. The unique learning style of Jane was the issue. All short term and/or long term goals had to rest on that.

As far as Gertrude was concerned, Jane was not going to be unplugged from her program and plugged into Mrs. Fitch's. Rather, the five or six of them needed to use the meeting as a skull session to see what facilities and services were needed to effect Jane's progressive inclusion into Mrs. Fitch's room. She felt that Jane's parents might be able to share with them Jane's hobbies and interests that would have some bearing on her handicap and on her strengths. Similarly, she would take some of Jane's scrapbooks and some of her own anecdotal reflections on Jane so that their judgments might have feeling and seriousness behind them. Her hope all along was that Jane might increasingly learn to think critically and act independently.

If we step back from our drama thus far, we might agree that the IEP for Lawrence is basically an individualized education *program*. For Gertrude, the IEP is basically an *individualized* education program. Lawrence focuses on the outward behavior, and Gertrude focuses on inward uniqueness. Perhaps there is a third dimension—one of interaction, or process, or sociality—somewhere between these two positions (Morris & Pai, 1976, p. 408).

A Cultural Pluralism Model

The third teacher is Amos Salad. His student was not unlike Lawrence's Sammy. David was one of the many Blacks at the trainable mentally retarded center. His language included a four letter utterance every other word. This was one more piece of "evidence" that David was retarded. David bellowed and muled when he did not get his way. His behavior was infantile, but his strength was Herculean.

Amos reflected on an article he had read recently: "The catchwords today are personalized learning, individualized instruction, and above all alternatives. The decline in faith in public education is partly cause and partly result of the diminished sense of community in the nation as a whole." (Butts, 1977, p. 25). Amos was not a Black, did not live in the ghetto, did not come from a one parent family, did not speak fluent Black English vernacular. But he did know that whatever individualized program was assembled for David, it must take into account the culture from which David had come.

For Amos, Public Law 94-142 involved knowledge and understanding, but it also involved equality of opportunity and full protection. Amos thought over the specifics of those dimensions of the law: culture fair tests; assessment by same race assessors; guarantee of due process; established grievance procedures; bilingualism; provision of a surrogate; provision of an advisory committee; and most important, the least interference principle or the promise of the least restrictive environment (Apple, 1977, p. 24). Behind the various provisions of the law was the emerging educational concept of cultural pluralism. He felt that "acceptance of *pluralism* necessitated commitment to the goals of human *liberation*, and the social process of equal participation" (Macdonald, 1977, p. 12).

In terms of his work with David, Amos felt that David, like all children, possessed a language acquiring device that finally and ultimately made David the creator of his own language. But at the same time, Amos knew the models that David had around him during after-school hours. He knew that David threw out a few words at school as a defense mechanism, and that David's language, in the presence of other Blacks, could not be described as impoverished or restricted. In short, there was a kind of personal knowledge growing in David. The Pygmalion at work in us when we shape a conception is ever prepared to seek guidance from his own creation; and yet, in reliance on his contact with reality, is ready to re-shape his creation, even while he accepts its guidance (Polyani, 1958, p. 104). Accommodation was a slow process for David, for he had to take the WASP language of the school and test it out on the Black English vernacular at home.

For Amos, then, the IEP had to lead to emancipatory cognitive interests (Habermas, 1968, p. 310). It needed to begin with his personal knowledge and the personal knowledge of David and his parents, of the Black speech clinician, and of the principal. But just as surely, the IEP needed to drive toward justice and liberation—justice, which is the dismantling of segregation not its reinforcement, and liberation, which is the acceptance by David of his own responsibility for his own freedom, and his own consciousness of his own historic search for freedom.

Amos knew that David needed to develop a kind of standard English if he were ever to get a job, and that it was important for David and his parents and for the clinician to understand this. All this rattled through his brain, but all the while another divergent trend in his thinking was taking place. Amos felt that perhaps David needed some kind of music as much as he needed speech therapy. He had the feeling that music might serve to liberate David as much as all the language and speech training put together. He believed that music was the prerequirement in David's case for the development of pattern and syntax in speech. Let the four letter words take care of themselves; what David needed now was a dramatic action, a role that he could project himself into. Amos knew that Public Law 94-142 was of a piece with the civil rights legislation of the 1960's and that the battle was still a battle of liberation.

Conclusion

The first model is technological. The actor in the drama, Sammy, had a kind of action that could be charted and measured. If the reinforcement was withdrawn and the action did a reversal, Lawrence Fundamental would resupply the reinforcement. The IEP was basically an instrument of control. Behavior that could be created was the goal. In this model, knowledge is impersonal and objective.

The second model is humanistic. The actor in the drama, Jane, had an action that is one of self knowledge. This world view assumes that Jane, Gertrude Ristocrat, Mrs. Fitch, the parents and the principal can all, in a context of openness, self actualize Public Law 94-142. The IEP was a reflective device for their self knowledge and a place in which they could dwell.

The third model is cultural pluralism. The actors include Amos Saiad, David, the speech clinician, the principal, and the parents. The action emerging out of personal knowledge was one of liberation. For David, the IEP would mean assimilating the WASP middle class language of the school but also accommodating it to the Black vernacular of the community from which he had come. David could be free only when he made himself free.

The poetics of the IEP assume technological, humanistic, and cultural pluralistic models. (It could just as easily assume a Greek, Judeo-Christian, and Modern typology, or some other typology.) But assuming the model, the poetics then help us to discover the organic unity of the IEP by asking who is the actor; what is the action; what is the beginning, middle, and end of the story; what is the plot of the drama; and a host of other poetic questions. As we acknowledge whether our interest is control or knowledge or liberation, we can then set about making (which is what the Greek word *poesis* means—to make) more convincing IEP's that have an organic unity to them.

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